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IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE:)	CASE NO. 14-71797
)	
HP/SUPERIOR, INC.,)	Chapter 11
)	
Debtor.)	JUDGE BONAPFEL

DEBTOR'S MONTHLY FINANCIAL REPORT FOR THE PERIOD

TO DECEMBER 31, 2014 FROM **DECEMBER 1, 2014**

Comes now the above-named debtor and files its Periodic Financial Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Attorney for Debtor

J. ROBERT WILLIAMSON Georgia Bar No. 765214 ASHLEY REYNOLDS RAY Georgia Bar No. 601559

Debtor's Address and Phone Number:

1800 New York Avenue Superior, WI 54880

Attorney's Address and Phone Number:

1500 Candler Building 127 Peachtree Street, NE Atlanta, GA 30303

Tel: (404) 893-3880

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SCHEDULE OF RECEIPTS AND DISBURSEMENTS FOR THE PERIOD BEGINNING 12/1/14 AND ENDING 12/31/14

Name of Debtor: <u>HP/Superior. Inc.</u>			Case Number 14-71797
Date of Petition:		CURRENT	CUMULATIVE
		MONTH	PETITION TO DATED
1 MANAGA TENEGRAPHICA OF MEDIOD			
1. FUNDS AT BEGINNING OF PERIOD	-	55,309.84 (a)	10,871.90
2. RECEIPTS			
A. Cash Sales			
Minus: Cash Refunds	(-)		
Net Cash Sales	-		
B. Accounts Receivable		272,727.34	534,711.08
C. Other Receipts (See MOR-3)		115.00	85,311.95
(If you receive rental income,			
you must attach a rent roll.)			
3. TOTAL RECEIPTS (Lines 2A+2B+2C)	_	272,842.34	620,023.03
4. TOTAL FUNDS AVAILABLE FOR			
OPERATIONS (Line 1 + Line 3)	-	328,152,18	630,894.93
5. DISBURSEMENTS		50	
A. Adverising			
B. Bank Charges	-	757.15	2,058.87
C. Contract Labor	-	49,877.55	49,877.55
D. Fixed Asset Payments (not Incl. in "N")	9	10/07/100	
E. Insurance	_	81,020.53	81,337.56
F. Inventory Payment (See Attache 2)	_	01,020.55	01/387.80
G. Leases	-		
H. Patient Care Supplies	-	30,444.16	69,906.62
Office Supples		30,444.10	03,300.02
J. Payroll - Net (See Attachment 4B)	-	155,041.81	385,959.28
· · · · · · · · · · · · · · · · · · ·	-	133,041.81	363,535.26
K. Professional Fees (Accounting & Legal)L. Rent	-		
	-		4 225 50
M. Repairs & Maintenance	_		4,336.60
N. Secured Creditor Payments (See Attach 2)		44.242.45	14 240 45
O. Taxes Paid - Payroll (See Attachment 4C)		11,318.16	11,318.16
P. Taxes Paid - Sales & Use (See Attachment 4C)			
Q. Taxes Paid - (See Attachement 4C)	-	-	
R. Telephone	-		
S. Travel & Entertainment	-	3,184.18	4,235.07
Y. U.S. Trustee Quareterly Fees	_		A)
U. Utilities			16,099.69
V. Vehicle Expenses			
W. Other Operating Expenses (See MOR-3)	14	542.00	9,798.89
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)		332,185.54	634,928.29
7. ENDING BALANCE (Line 4 Minus Line 6)	=	(4,033.36) (c)	(4,033.36)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my know

(Signature)

This 12 day of Ac. Plc, 2015.

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)This figure will not change from month to month. It is always the amount of funds on hand as of the date of

(c)These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

TOTAL OTHER DISBURSEMENTS

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

Description	Ж	Current Month	Cumulative Petition to Date
Guest Meals		\$115.00	\$115.00
Lien Repayment			\$32,455.85
Loan From AltaCare	Corporation		\$47,700.00
Net Bank Reversals		2011	\$5,041.10
TOTAL OTHER REC	EIPTS		
"Other Receipts" inc directors, related cor	ludes Loans from Insiders a porations, etc.). Please des Source	cribe below:	fficer/Owner, related parties
Loan Amount \$47,700	<u>of Funds</u> AltaCare Corporation	<u>Purpose</u> Working Capital	Repayment Schedule Administrative Expenses
OTHER DISBURSE	MENTS:		
Describe Each Item of 5W.	Other Disbursement and Lis	t Amount of Disbursemen	at. Write totals on Page MOR-2, Line Cumulative
		Comment Month	Petition to Date
Description		Current Month	\$6,986.69
Lien With Holding	S		\$2,270.20
NIDO CILICANIA		\$542.00	\$542.00
WPC Certification			NID 1907 O
			3 3 3
+			

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement. Will when available

\$542.00

\$9,798.89

ATTACHMENT I

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor:1	1P/Superior, Inc.		Case Number: _	14-71797
Reporting Period beg	inning <u>12/1/1</u> 2	1	Period ending	12/31/14
ACCOUNTS RECEI				November 1 was a Saturday and Date.
errourion the course	31 3 1,201 1 building	or with the butterie	is the following	Sitter.
(Include <u>all</u> accounts not been received):			E RECONCILIA petition, including of	TION charge card sales which have
PLUS: Cui MINUS: C	Month Balance rent Month New ollection During NUS: Adjustments n Balance	the Month	\$ 786,311.92 294,499.20 \$ (271,643.64) \$ (14,927.38) \$ 794,240.10	(a) (b) (c)
*For any adjustments Various routine			n and supporting do	cumentation, if applicable:
(S			S RECEIVABLE ory for all account	
0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
\$ 174,908.54	\$40,631.10	\$37,230.05	\$ 541,470.38	\$794,240.10 (c)
For any receivables in	the "Over 90 Da	ys" category, plo	ease provide the fol	lowing:
<u>Customer</u>	Receivable <u>Date</u>	write-off, disponent of the work and collected work and collected with the work and collected work and colle	uted account, etc.) Medicare Various of on these account hip' \$48k is awaitir	The Debtor continues to bill, s. \$100+ is involoved in a neg various state approvals and ost reporting process.

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b)This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).
- (c)These two amounts must equal.

AR3400A					vi	Ele C	E - C			22						,	(100	**		e n	el 2	1		30					
	al Fwd	Callected	2.45%	Zo.03%		41.68%					33.21%	38.72%	16.00%		16.29%		54.96%			18.61%	%25 901	61 32%	6 6 49.	× 10.0	278.55%		900		455%
	to%	balance Co	66,565.30		3,648.00		16,933.51	26,743.81	3,674.03	875.00		22,581.26	50,636.00	96,174.84		2,267.90		795.71	(24.00)		**	•	•	,	~	334,80 1 664 62			近94250 (0) 等一次经过3455%。
cember, 2014	Prior Month	Automachia	(5 776 00)	(2)				(2,406.07)			(10,652.01)		(3,519.00)				5,642.49			1,077.92	15.00	690.29							(04,922,38)
For the Month of December, 2014	Current		3,952.00			1,932.16	4,767.94	5,272.98		27.77.7.0	37,555.46	6,046.25	3,933.00				161,007.81	163.83		6,063.30	35,721.00	26,500,29	1,194.24	347 99			40.95		294,499,20
For	Pavments	100 010 77	(1,672.00) (8,512.00)		200	(08.150,61)				(47 212 77)	(11,014.11)	(10,440.15)	(9,566,54)	0000	(228.00)	107	(127,166.43)		1	(11,318.16)	(38,447.00)	(24,236.02)	(1,274.70)	(8.256.01)			(186.08)	Control of the Contro	((277)(643(64))
	Balance Forward	20 757 20	32,623.84	2,448.50	3,648.00	12 165 57	73 876 90	20,070,00	875.00	52 124 17	25,121,17	FO 780 E	09,700.34	1 200 004	7.283,90	23,201.30	23,732,00	00,100	(24,00)	50,814.79	35,959.31	15,023.18	19,207.76	2,963.96	334.80	1,664.53	756.46	57.00	7.86,311.92
	חפ	MA COINS MCD	MA COINS INS	MA COINS PENDING MOD	HOSPICE MEDICAID	HOSPICE	INSURANCE	INS COINS PVT	INS COINS STATE	MEDICARE A	MEDICARE B	MANAGED CARE	MEDICARE REPLACEMENT	MCR REPLC PVT COINS	MCR REPLC MCD COIN	MEDICAID SKILLED	OUTPATIENT MEDICARE	OUT PATIENT PRIVATE	CIACICEM CAICNED	PRIVATE	PEOINT TOUR TA	Ma Colato Mon		IND COIND IND	MB COINS PRIVATE	MB COINS PENDING MCD	ON COING MCC	CIVI COING PRIVATE	i orals;
	A/R TVDE	S	5 B	CPM	ΝΉ	유	Z	d. N	INS	MA	MB	MC	MR	MRP	MRS	MS	∑ 0	ОР	Z.	В	. ā	; ×	<u>}</u> >	Z !	× ;	M E E	0 0	7	

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 $Billing\ J_{t}$, and Summary St Francis in the Park Health and Rehab (068)

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rage 21 of 21		Advance Total Bill Am Due		(O===	66,565.30	22,287.84	2,448.50	3,046.00	16,933.51	10 CT 20	20,743,01	3.674.03	875.00		61,714.85	22,581.26	50,536.00		20 171 20	1 121 00	0.171.1	:270.876.53		795.71	24.00-	56,637.85	35,536.00 68,884.31	27,758.36 45,736.10		19,127.30	4,944.06-	334.80	1,004.33	611.33	57.00	57.6	
V		Вайипсе			66,565.30	24,267.84	3.648.00	20,154.32	16,933.51	26,743.81		3,674.03	875.00		61,714.85	50.636.00			96,174,84	1,171.90	2,267.90	270,876.53		795.71	24.00-			17,977.74	7	4 944 06	334 80	1,664.53	611.33	3	57.00	794,240.10	100.00%
n		Jun		i i	24,651.21 2 527 84	2.448.50	152.00	13,143.58	2,386.35-	6,958.48		3,674,03	875,00	12 803 62	7 800 93	15,490.54			96,174.84	1,171.90	2,267.90	120,616.53	;	40.14	-24,00-	28,734.01	41,051.31	026.43-	16 803 28	7.392.56-	334.80	1,664.53	285.79		57.00	419,386.33	52.80%
f <i>nalysis</i> and Rehab (068) c, 2014		Jul		3 247 60	6,536.00		3,496.00	4,132.16		232.32				14.301.33	50.67							4,076.01			200 14	3 006 00	7 547 46	0,77	158.16	114.09						39,118.01	4.93%
Month-enaed Analysis St Francis in the Park Health and Rehab (068) For the Month of Dec, 2014		Aug		4.714.40	6,840.00			179.66	2,290.58	7,992.69				6,204,75	1,885,44	722.60						18,589.74			4 176 94	4 980 39	1.741.69		1,136.23	586.68						59,769.33	7.53%
Month St Francis in th		Sep			2,280.00				4,042.20	1,637.13				1,349.44	2,087.69	2,167.80						8,043.27	8.79		4,042.20	3,588.66-	288.89		365.21	362,53		9	110.22		20 400 724	23, 130,71	2.92%
9		00		3,192,00	152.00		000	7 175 04	,	3,557.64	4			6,569.39-	526,26	14,246.06					66 683 03	6,362.03	17.46		5,254.86	1,763.27	3,548.28		257.34	152.62		60	00.00		37 230 05		4.03%
		Non		760.00			427 OB	4.042.20		1,092.57				3,928.37-	4,184.12	14,076.00					17 134 77		565.49		8,084,40	11,442.00-	3,213.58	1	1,395.30	884,59		141.37			40,631,10	L	J. 1270
	(Discharge Date)	Dec	Summary		3,952.00		1.932.16	4,767.94		5,272.98				37,555.46	6,046.25	3,933.00		S62			103,986,20		163.83		6,063.30	2,612.00-	2,264.27	0	1,194,24	88.740		40.95			174,908.57	20 00%	
	nesident (Res#)(Discharge Date) Tupe Ralensa	Oligina Self.	Aged Analysis Summary	C V	- D	C C C	IM	HO	ā.	N ON	ďN	INS	LTC	MA	a v	MO	M	MR	MRP	MRS	MS	ō	WO 0	<u>.</u>	2 (1 0	7 F	- X	€ ≍	X X	XPM	ZB	71	ZP	Totuls:		

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ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of De	btor: <u>HP/Superior</u>	Inc.	Case	Number: 14-717	97	
Reporting Po	eriod beginning	2/1/14		od ending <u>12/31/</u>		
In the space amounts owe provided all	below list all invoiced prior to filing the information requeste	ed below is in	urred and not paid he alternative, a co cluded.	since the filing of to imputer generated I	he petition. Do not it ist of payables may be	nclude c attached
Date	Days	POST-PET	TITION ACCOU	NTS PAYABLE		
Incurred	Outstanding	Vendor	<u>D</u>	escription	Amo	ount "
	-	SEE	ATTACHED AI	AGING		*:TI*
						
	7					
TOTAL AMO	DUNT					
Check her	e if pre-petition de	bts have beer	paid. Attach ar	explanation and	copies of supporting	(b)
documenta	tion.				, planning	
	=					
Opening Balar PLUS: New MINUS: Ar	ACCOUNTS PAYA nce Indebtedness Incur mount Paid on Post	ABLE RECO	NCILIATION (I	Post Petition Unsec		
Opening Balar PLUS: New MINUS: Ar	ACCOUNTS PAYA nce Indebtedness Incur mount Paid on Post counts Payable This	ABLE RECO	**NCILIATION (I ** 87,310.9 **nth	Post Petition Unsec 6 85	cured Debt Only)	
Opening Balar PLUS: New MINUS: Ar	ACCOUNTS PAYA nce Indebtedness Incur mount Paid on Post counts Payable This US: Adjustments	ABLE RECO	PNCILIATION (I \$ 87,310.9	Post Petition Unsec 6 85	cured Debt Only) _(a)*	
Opening Balar PLUS: New MINUS: At Ac PLUS/MIN Ending Month	ACCOUNTS PAYA nce Indebtedness Incur mount Paid on Post counts Payable This US: Adjustments	ABLE RECO rred This Mon Petition, s Month	**NCILIATION (I \$ 87,310.9 \$ 275,189 \$ (162,800 \$ \$ 199,700.6	Post Petition Unsec 6 .85 .13)	cured Debt Only) _(a)	
Opening Balar PLUS: New MINUS: Ar Ac PLUS/MIN Ending Month	ACCOUNTS PAYA ace Indebtedness Incur nount Paid on Post counts Payable This US: Adjustments Balance	ABLE RECO	**ST 199,700.6	Post Petition Unsects 85 .13) 8 ntation, if applicable	eured Debt Only)(a)*(c)	
Opening Balar PLUS: New MINUS: Ar Ac PLUS/MIN Ending Month *For any adjust List the status o	ACCOUNTS PAYA ace Indebtedness Incur mount Paid on Post counts Payable This US: Adjustments Balance ments provide expla	ABLE RECO rred This Mon Petition, s Month anation and st SECURE red Creditors	**ST,310.9 (10	Post Petition Unsects 85 .13) 8 ntation, if applicable	cured Debt Only) _(a)	_
Opening Balar PLUS: New MINUS: Ar Ac PLUS/MIN Ending Month *For any adjust List the status o modification ag Program prior to Secured Creditor/	ACCOUNTS PAYA acce Indebtedness Incur mount Paid on Post counts Payable This US: Adjustments Balance ments provide expla I Payments to Secur recment with a secur o completing this sec	ABLE RECO rred This Mon Petition, s Month anation and st SECURE red Creditors	Service of the control of the contro	Post Petition Unsect 6 85 85 ntation, if applicabl REPORT Petition Only). If your attorney and Number of Post Petition	eured Debt Only) (a) * (c) e. You have entered into the United States True Total Amount of Post Petition	_
Opening Balar PLUS: New MINUS: Ar Ac PLUS/MIN Ending Month *For any adjust List the status o modification ag Program prior to	ACCOUNTS PAYA acce Indebtedness Incur mount Paid on Post counts Payable This US: Adjustments Balance ments provide expla I Payments to Secur recment with a secur o completing this sec	ABLE RECO rred This Mon Petition, s Month anation and so SECURE red Creditor/le red creditor/le retion). Date Payment	Service of the control of the contro	Post Petition Unsection 85 85 ntation, if applicable REPORT Petition Only). If a your attorney and Number of Post	eured Debt Only) _(a) * _(c) e. you have entered into the United States True Total Amount of	_
Opening Balar PLUS: New MINUS: Ar Ac PLUS/MIN Ending Month *For any adjust List the status o modification ag Program prior to Secured Creditor/	ACCOUNTS PAYA acce Indebtedness Incur mount Paid on Post counts Payable This US: Adjustments Balance ments provide expla I Payments to Secur recment with a secur o completing this sec	ABLE RECO rred This Mon Petition, s Month anation and so SECURE red Creditor/le red creditor/le retion). Date Payment Due This	shount Paid This	Post Petition Unsect 6 85 85 13) 8 ntation, if applicabl REPORT Petition Only). If your attorney and Number of Post Petition Payments	eured Debt Only) (a) * (c) e. Total Amount of Post Petition Puyments	
Opening Balar PLUS: New MINUS: Ar Ac PLUS/MIN Ending Month *For any adjust List the status o modification ag Program prior to Secured Creditor/	ACCOUNTS PAYA acce Indebtedness Incur mount Paid on Post counts Payable This US: Adjustments Balance ments provide expla I Payments to Secur recment with a secur o completing this sec	ABLE RECO rred This Mon Petition, s Month anation and so SECURE red Creditor/le red creditor/le retion). Date Payment Due This	shount Paid This	Post Petition Unsect 6 85 85 13) 8 ntation, if applicabl REPORT Petition Only). If your attorney and Number of Post Petition Payments	eured Debt Only) (a) * (c) e. Total Amount of Post Petition Puyments	

⁽d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

	Case 14-72	L79	7-	pwk)	Do	ЭС	8:					03. en		3/:					er of			3/	13	/15	1!	5:1	L4	:2	4	[Эe	SC	Mai	n	
	HP/Superior-DIP	170 17	Over 140 Days	00.00		0.00	0.00	0.00	00.00		00.0	00.0	0.00	00 0	00 0	00 0	0.00	00.00	00.00	00.00	0.00	0.00	00'0	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0,00	– ਜ਼ਰੀ ਜ਼ਰੀ
<u> </u>	HPA	Over 90 Dave	- 11	0.00	00 0	0.00	00'0	0.00	0.00	c c	0.00	00.0	0.00	0.00	0.00	00.00	0.00	0.00	00.00	0.00	00.00	0.00	00.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	1		
		Over 60 Dave	ore or cars	0.00	00 0	00.0	0.00	0.00	0.00	000	00.0	00 0	0.00	0.00	00'0	0.00	0.00	00.00	0.00	00.00	0.00	0.00	00.0	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00			
		Over 30 Days	- 11	7,296.24	0.00	00'0	930.93	0.00	00.00	00 00	0.00	72.00	5,472.37	15,287.78	00.00	0.00	1,003.50	1,050.00	399.00	3,312.00	691.79	00.00	220.40	767.06	-26.30		56.61	00.47	84.0	15.526.4 75.885.0	2.405.00	0,405,60	0.00			
	, Name (Current	76 174 17	21,129,23	137.11	13.61	1,626.42	22,436.00	20,060.00	0 0	490.98	72.00	4,877.19	16,338.51	21.28	23.59	0.00	315.00	0.00	0.00	231.78	3,737.26	0.00	884.61	217.99	Ö	07, 10	75.40	0.27	4.085.21	3 450 55	3 979 50	3,502.11			
		Future	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.00	0.00	00.00	00.00	0.00	00.00	00.00	0.00	0.00	0.00	00.00	0.00	0.00	0.00	00 0	00.0	00.0	00.0	00.0	000	0.00	0.00			
()		Amount	12 674 10	23,989.76	137.11	13.61	2,557.35	22,436.00	20,060.00	90.00	490.98	144.00	10,349.56	31,626.29	21.28	23.59	1,003.50	1,365.00	399.00	3,312,00	923.57	3.737.26	220.40	1.051.07	191,69	19 05	166 40	0.73	0 0 0 0 40	6,671.58	6.865.43	3,979,59	3,502.11			
	714	Disc Amt	00.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00 0	0.00	0.00	0.00	0.00	00.0	00.00	0.00		26	
	12/31/2014																																	M		
	Accounts Payable Aged Payables Report Vendor Summary Aged As of	Vend Name	AltaCare Corporation	Superior Water & Light & Power Co.	Superior USA Corporation	St. Luke's Hospital	d remort: This form Committee	Wigneria Doct of Hank of	Farmily Sves	WI Dept of Justice	Anthem BCBS Dental	LB Medwaste Services	Bachand Estates, LLP	U.S. roodservice	Jeen Constant	Jean Graskey	A-1 Wovers Inc.	Sharry Josephon	lin Foundarings	Charter Communications	one to the	Appliance Repair Service	De Lage Landen Financial Services	Inc.	SMDC Clinical Lab - (Essentia Health)	Five Rivers Management, LLC	Home Medical Products & Svcs	Joe P. Kimmes Oil Co., Inc.	Long Term Care Services	Merwin LTC Pharmacy	First Insurance Funding	Petty Cash	Otis Elevator Company	2/18/2015 8:50:56 AM	2/18/2015	A
t. I	Accoul Aged Pay Vendor S	Vend	_	104	106	110	17	176		127	1	160	18	700	707	000	707	211	212	1 2	7.0	31	34.5		38	77	87	53	218	59	9	7	74	Run Date:	Business Date:	

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		Over 90 Days	00'0	00.0	0.00	0.00	O.O.		
×		Over 60 Davs	0.00	0.00	0.00	0.00			
		Over 30 Days	0.00	2,347,75	25.81	0.00			
		Current	23.13	8,253.43	0.00	146.987.63			W.
		Future	0.00	0.00	0.00	0.00			
(Amount	23,525,99	8,253.43	25.81	193,7007,991			
		Disc Amt	0.00	0.00	0.00	0.00	<u> </u>		
	12/31/2014		-				.S * 2°		
	able oort Aged As of		le		WI-MN				6:50:56 AM
	G G	Vend Name	l'lunkett's Pest Control Aegis Therapies	Platinum Care	Waste Management of WI-MN	Totals:		3100010	2/18/2015
Σ.	Accou Aged Pa Vendor §	Vend	0 00 0	9	Wa	Report Totals:		Run Dare.	Business Date:

Case 14-71797-pwb Doc 81 Filed 03/13/15 Entered 03/13/15 15:14:24 Desc Main Document Page 10 of 55

ATTACHMENT 3 INVENTORY AND FIXED ASSETS REPORT

Name of Debtor:1	IP/Superior, Inc.		Case Number:	14-71797	
Reporting Period begin	nning <u>12/1/14</u>	-	Period ending	12/31/14	
	INV	ENTORY	REPORT		
INVENTORY RECOI Inventory Bal PLUS: Inve	NCE AT PETITION DATI NCILIATION: ance at Beginning of Mont ntory Purchased During M ventory Used or Sold	th	\$ \$		
PLUS/MIN	US: Adjustments or Write- Hand at End of Month	-downs	\$ \$		**
METHOD OF COSTI	NG INVENTORY:				
*For any adjustments of	or write-downs provide exp	lanation and	I supporting doc	cumentation, if	fapplicable.
	IN	VENTORY	AGING		
Less than 6 months old		iter than ars old	Considered Obsolete	Fotal Inventory	У
%	%	0/0	%n	=	100%*
	ust equal 100%. ntory contains perishable i te Inventory: Non A				
		ED ASSET I			
FIXED ASSETS FAIR (Includes Property, Plan	MARKET VALUE AT P	ETITION D	ATE:	((b)
BRIEF DESCRIPTION	(First Report Only):				
FIXED ASSETS RECO	NCH LATION!				******
Fixed Asset Book Valu MINUS: Depr PLUS: New P	e at Beginning of Month reciation Expense	Wite	\$ \$ \$ \$	ZHI HAR	(a)(b) *
Ending Monthly Balance		.,,,,	\$		
*For any adjustments or	write-downs, provide exp	olanation and	supporting doc	cumentation, if	`applicable.
					THE REPORTING

balance as of the petition date,

⁽b)Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of I	Debtor: <u>HP/S</u>	Superior, Inc.	Case Nu	ımber: <u>14-71</u>	797	
Reporting	Period beginni	ing 12/1/14	Period	ending <u>12/31</u>	/14	
standard bother than the United	oank reconciliat the three requi I States Trustee	ion form can be fou red by the United S	ant and bank reconciliation nd at http://www.usdoj.go tates Trustee Program are accounts. Additionally, ttes Trustee.	ov/ust/r21/reg_in necessary, perm	ufo.htm. If bank accounts uission must be obtained f	rom
NAME O	F BANK: <u>Na</u>	tional Bank of Com	merce BRANCH: _			
ACCOUN	TT NAME:	HP/Superior, Inc.	ACCOUNT N	NUMBER: <u>xx</u>	xxxx4290	
PURPOSI	E OF ACCOUN	NT: OPERA	ATING			
P N N	lus Total Amor Iinus Total Am Iinus Service C	Charges		\$	*	
E	Ending Balance	per Check Register		\$ 3,291.19	**(a)	
*Debit ca	rds are used b	y N/A				
**If Closi	ng Balance is	negative, provide e	xplanation:			
The follov 4D: (□	ving disbursen Check here if c	nents were paid in eash disbursements v	Cash (do not includes ite were authorized by United	ems reported as States Trustee)	s Petty Cash on Attachm	ent
Date	Amount	Payee	Purpose	Reason	n for Cash Disbursemen	t
		_	:	-	n	
		→ :	-	-		
	-	*****	e (110.75	
	5		s s 	-		
"Total An			EEN DEBTOR IN POSS ther debits", listed above,		OUNTS	

⁽a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

	1 Debtor: _F	P/Superior, Inc.	Case Number:14	1-71797
Reporti	ng Period beg	inning <u>12/1/14</u>	Period ending 12	2/31/14
NAME	OF BANK:	National Bank of Co	ommerce BRANCH:	
ACCOL	JNT NAME:	HP/Superior, Inc.		
ACCOL	JNT NUMBE	ER: <u>xxxxxx4290</u>		
PURPO	SE OF ACCO	OUNT: OPE	RATING	
alternati informat	ve, a compute tion requested CHECK	er generated check reş i below is included.	oids, lost checks, stop payments gister can be attached to this rep	oort, provided all t
DATE See Att	NUMBER ached	PAYEE	<u>PURPOSE</u>	AMOUNT
			S	
c	-			-
	:			-
	Film -			
	7			-
	4			-
	5 T T T T T T T T T T T T T T T T T T T		***	
			8	
			8-11-3-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	*
			S-3-3-3-1-1-3-3-3-1-1-1-3-3-3-3-3-3-3-3-	-
			(0.000)	

Date 12/31/14 Page 1
Primary Account @XXXXXXXXXXX04290
Enclosures 27

HP SUPERIOR INC ST FRANCIS IN THE PARK OPERATING ACCOUNT 1800 NEW YORK AVE SUPERIOR WI 54880

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
ST FRANCIS IN THE PARK
OPERATING ACCOUNT

WE ARE TAKING PRECAUTIONS TO PROTECT OUR DEBIT CARD CUSTOMERS FROM FRAUDULENT TRANSACTIONS. BEFORE YOU TRAVEL, PLEASE NOTIFY US.

Total For	Total
	Year-to-Date
\$.00	\$2,440.00
\$.00	\$1,320.00
	\$.00

DESCRIPTIVE CREDITS AND DEBITS

12/01 A	ire Transfer Fee nalysis Service Charge ire Transfer Debit ALTACARE CORPORATION
---------	--

10.00-48.45-30,000.00-79,018.60 49,018.60

Date 12/31/14	Page 2
Primary Account	@XXXXXXXXXX@4290
Enclosures	27

BUSINESS CKING-RDC	@XXXXXXXXXX@4290	(Continued)	
DESCRIPTIVE CREDITS AND DEBITS			
053100300 009062579442 5895 WINDWARD PKWY, STE ALPHARETTA, GA 30005 FIRST CITZ RALEIGH RALEIGH, NC 20141201 000006	200		
12/01 Transfer to G/L Acct No. @XXXXXXXXXXXX0300	20	50.00-	48,968.60
12/02 Total of 1 Check Presented 12/03 HCCLAIMPMT NATIONAL GOVERNM HP SUPERIOR INC 525397	,,,	400.00- 5,540.54	48,568.60 54,109.14
TRN*1*EFT5165611*1351840 0006001~ 12/03 CHECKING DEPOSIT 12/03 CHECKING DEPOSIT 12/03 Total of 7 Checks Presented 12/03 Wire Transfer Debit HAMILTON INSURANCE AGENC 051404260 5138192085 4100 MONUMENT CORNER DE	ry	10,000.00 43,424.82 18,994.34- 36,000.00-	64,109.14 107,533.96 88,539.62 52,539.62
FAIRFAX VA 22030 BB&T REF: ST FRANCIS - PL/GL 20141203 000002 12/03 VENDOR PAY US FOODSERVICE 4880371951 EFFDAT ST*820*060444425 BPR*C*4852.81*D*ACH*CTX* 207766*DA*2000042906937**	01*053	4,852.81-	47,686.81
12/03 Transf to PAYROLL Confirmation number 1203:		5,000.00-	42,686.81
12/04 Medicaid State of Wisc HP SUPERIOR INC DBA 31200496Y		25,397.06	68,083.87
TRN*1*500697914*139600646 12/05 Total of 1 Check Presented 12/05 Wire Transfer Fee 12/05 Wire Transfer Debit PLATINUM CARE INC 021407912 7017208106	59	5,103.50- 10.00- 6,995.75-	62,980.37 62,970.37 55,974.62

Date 12/31/14	Page 3
Primary Account	@XXXXXXXXX04290
Enclosures	27

BUSINESS CKING-RDC	@XXXXXXXXXX@4290	(Continued)	
DESCRIPTIVE CREDITS AND DEBITS		,,	
240 52ND ST BROOKLYN, NY 11220 NORTH FORK BANK MELVILLE, NY REF: ST FRANCIS			
20141205 000003 12/05 RETURN FEE CHARTER COMMUNIC ACCOUNT HOLDER		25,00-	55,949.62
12/05 Transf to PAYROLL Confirmation number 1205		5,000.00-	50,949.62
12/08 TAX LEVY FROM STATE OF MN 12/10 HCCLAIMPMT NATIONAL GOVERNM HP SUPERIOR INC 525397		42,323.64- 1,638.80	8,625.98 10,264.78
TRN*1*EFT5179048*1351840	597*00		
12/10 VENDOR PAY US FOODSERVICE 4880371951 EFFDAT ST*820*060866565 BPR*C*4297.59*D*ACH*CTX*	01*052	4,297.59-	5,967.19
207766*DA*2000042906937*. 12/11 Medicaid State of Wisc HP SUPERIOR INC DBA 31209184Y	488037	21,618.55	27,585.74
TRN*1*500701258*139600640 12/11 Total of 1 Check Presented 12/12 RELEASE OF TAX LEVY FROM STATE OF MN	59	1,473.86- 42,323.64	26,111.88 68,435.52
12/12 Total of 3 Checks Presented 12/12 Wire Transfer Fee 12/12 Wire Transfer Debit ARAMARK UNIFROM SERVICES		1,038.00- 10.00- 22,807.58-	67,397.52 67,387.52 44,579.94
07100013 496557153 26605 NETWORK PLACE CHICAGO, IL 60673-1266 JPMCHASE ILLINOIS CHICAGO, IL NOVEMBER INVOICES - ST FR 20141212 000004			
12/12 telephone transfer per jen sanda-rose		35,000.00-	9,579.94
12/15 Total of 2 Checks Presented 12/17 Total of 3 Checks Presented		744.68- 3,439.14-	8,835.26 5,396.12

× 1	
Date 12/31/14	Dame 4
	Page 4
Primary Account	@XXXXXXXXXX@4290
Prolonge	011111111111111111111111111111111111111
Enclosures	27

BUSINESS CKING-RDC	@XXXXXXXXXX@4290	(Continued)	
DESCRIPTIVE CREDITS AND DEBITS		•	
12/17 VENDOR PAY US FOODSERVICE 4880371951 EFFDAT ST*820*061329486		4,065.04-	1,331.08
BPR*C*4065.04*D*ACH*CTX 207766*DA*2000042906937 12/18 Medicaid State of Wisc HP SUPERIOR INC DBA 31219349Y TRN*1*500705038*1396006	7*488037	9,691.32	11,022,40
HP/SUPERIOR, INC.	; ;	542.00-	10,480.40
12/19 telephone transfer per jen rose		53,596.69	64,077.09
12/19 HCCLAIMPMT NATIONAL GOVERNM HP SUPERIOR INC		2,774.63	66,851.72
525397 TRN*1*EFT5193457*135184 0006001~			
12/19 Total of 3 Checks Presented		942.95-	65 000 77
12/23 Total of 1 Check Presented 12/23 Transf to PAYROLL		2,250.00-	65,908.77 63,658.77
Confirmation number and	3140010	2,000.00-	61,658.77
	2140018	7 606 44	
12/24 VENDOR PAY US FOODSERVICE		1,606.44- 3,773.21-	60,052.33
4880371951 EFFDAT		31113.21-	56,279.12
ST*820*061742063			
BPR*C*3773.21*D*ACH*CTX* 207766*DA*2000042906937*	01*053		
12/24 Transi to PAYROLL			
Confirmation number 200	1140051	55,000.00-	1,279.12
TENED DECEMBERT NATIONAL COVEDIM		15,680.71	16 850 00
HP SUPERIOR INC 525397		20/0001/1	16,959.83
TRN*1*EFT5206467*1351840	CODI CO		
DODD OO Lee	597*00		
12/26 Medicaid State of Wisc		21,561,30	
HP SUPERIOR INC DEA	•	21,301.30	38,521.13
31229053Y			
TRN*1*500708571*13960064	69		
12/29 Wire Transfer Debit		10.00-	38,511.13
HAMILTON INSURANCE AGENC	Y	5,356.00~	33,155.13
051404260	_		
5138192085			

Date 12/31/14 Primary Account	Page 5 @XXXXXXXXXX@4290
Enclosures	27

BUSINESS CKING-RDC	@XXXXXXXXXXX@429	0 (Continued)	
DESCRIPTIVE CREDITS AND DEBITS			
4100 MONUMENT CORNER D FAIRFAX, VA 22030 BB&T VA RICHMOND, VA ST FRANCIS 20141229 000006			κ
12/30 CHECKING DEPOSIT 12/31 HCCLAIMPMT NATIONAL GOVERN HP SUPERIOR INC 525397 TRN*1*EFT5209952*13518 0006001~	M 40597*00	3,982.35 2,124.22	37,137,48 39,261.70
12/31 Total of 1 Check Presented 12/31 Wire Transfer Fee 12/31 Wire Transfer Debit AEGIS THERAPIES 065300486 6400110976 1000 FLANNA WAY FORT SMITH, AR 72919 BANCORPSOUTH BK TUPELO, MS		30.00- 10.00- 21,129.76-	39,231.70 39,221.70 18,091.94
ST FRANCIS NOV SERVICES 20141231 000002 12/31 VENDOR PAY US FOODSERVICE 4880371951 EFFDAT ST*820*062064239 BPR*C*3239.72*D*ACH*CTX 207766*DA*2000042906937	(*01*053	3,239.72-	14,852.22
12/31 Transf to PAYROLL Confirmation number 123		4,000.00-	10,852.22
12/31 Transf to PAYROLL Confirmation number 123		3,000.00~	7,852.22
12/03 1 1 12/19 4* 12/31 5 12/19 8* 12/24 9 12/23 20*	IN CHECK NUMBER (mount Date 0,000.00 12/12 109.74 12/03 30.00 12/03 164.41 12/03 1,606.44 12/03 2,250.00 12/03 5,103.50 12/03	ORDER Check No 41* 43* 44 45 46 47 48	Amount 37,64 681.19 2,000.00 1,913.40 1,099.74 350.01 2,950.00

Date 12/31/14	Page 6
Primary Account	@XXXXXXXXXX04290
Enclosures	2.7

BUSTNESS	CKING-RDC
POSTNESS	CVTMG-KDC

@XXXXXXXXXXX@4290 (Continued)

		CHECKS	IN CHECK	NUMBER	ORDER	
Date	Check No	At	nount	Date	Check No	Amount
12/12	49		669.98	12/11	54	1,473.86
12/12	50		330.38	12/17	55	698.89
12/17	51		740.25	12/17	56	2,000.00
12/15	52		234.08	12/19	60304*	668.80
12/15	53		510,60	12/02	60344*	400,00
* Depote	es missina ch	ack numbers		•		200100

		* * * D2	LILY BALANCE INFORMATION	7 * * *
Date	Balance	Date	Balance Dat	te Balance
12/01	48,968.60	12/11	26,111.88 12	
12/02	48,568.60	12/12	9,579.94 12	
12/03	42,686.81	12/15	8,835.26 12	
12/04		12/17	1,331.08 12	
12/05		12/18	10,480.40 12	
12/08	8,625,98	12/19	65,908.77	7,052.22
12/10	5 967 10	12/23	61 650 77	

Iran No	Batch	Tran Date	Vend		
0000000054	APSC-0000215	12/5/2014	7	Petry Cash	Tran Amt HC
0000000001	APSC-0000215	12/5/2014	202	Juliana I michera	1.473.86
0500000000	APSC-0000215	12/5/2014	178	Chris Elich	740,25
0000000052	APSC-0000215	12/5/2914	208	Katrina Warner	330.38
0000000049	APSC-0000215	12/5/2014	168	Jennifer Sanda	234.08
0000000023	APSC-0000215	12/5/2014	210	Destiny Gervaic	86.699
00000000055	APSC-0000216	12/11/2014	158	Floyd Adams	510.60
9500000000	APSC-0000218	12/16/2014	170	Great Bend 1,TC	698.86
0000000057	APSC-0000219	12/17/2014	213	WPS/CCCW	2,000.00
0000060239	APMC-0000232	12/18/2014.	38	SMDC Clinical Lab - (Fecentic Electric	542.00
0000000313	APMC-0000233	12/18/2014	74	Oric Flannstor Comment	(379.25) Reversal
0000060151	APMC-0000234	12/18/2014	%U		(1 631.46) Reversal
0000000028	APSC-0000220	12/31/7014	2 7	raulivays 10 Achievement Inc.	(2,000.00) Reversal
9991231142	APMC-0000237	12/31/2014	, 4	TICALUI FALURIS	4,052.70
0900000000	APSC-0000221	12/31/2014	17	nealth Faithers	0.00
0000000000	APSC-0000221	12/31/2014	· ·	rational Vision Administrators	73.34
9991231143	A Phd C-0000339		7	UNUM Life Insurance Company of America	434,99
	ALIMC-0000238	12/31/2014	145	UNUM Life Insurance Company of America	000
9991231144	APMC-0000239	12/31/2014	7.1	National Vision Administrators	00.0
9991231148	APMC-0000241	12/51/2014	104	Superior Water & Light & Power Co.	0.00
Run Date:	2/12/2015 5:	5:19:25 PM			
Business Date.				0	

Tran Date
12/31/2014 2
12/31/2014 177
12/31/2014 126
12/31/2014 6
12/31/2014 58
12/31/2014 21
12/1/2014 6
Report Total:

SUPERIOR, INC. (185) OPERATING BANK RECONCILIATION (185) 1-0000-1000004

December 31, 2014

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4290)

BEGINNING GL BALANCE ENDING BANK BALANCE FACILITY DEPOSITS WIRE TRANSFERS IN WIRE TRANSFERS IN - RELATED FACILITY ACCOUNTS WIRE TRANSFERS OUT. WIRE TRANSFERS OUT - RELATED FACILITY ACCOUNTS	Per Bank 7,852.22	Per Books (31,995.82) 153,434.30 53,596.69 10,000.00 (30,000.00) (119,000.00)
AP CHECKS ISSUED (NET OF VOIDS) - MASSOO	y v	(7,750:36)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(92,258.32)	¥ ¥
ANALYSIS CHARGE NSF/OVERDRAFT FEES WIRE FEES CASHIER CHECK FEES	a.	(48.45) (25.00) (50.00)
MISCELLANEOUS ITEMS: 12/01/14 Bank Fee for Remote Deposit Machine 12/03/14 Wire to Hamilton Insurance Agency 12/03/14 Wire to US Foods 12/05/14 Wire to Platinum Care 12/08/14 Tax Levy State of MN 12/10/14 Wire to US Foods 12/12/14 Tax Levy State of MN Release 12/12/14 Wire to Aramark 12/17/14 Wire to US Foods 12/24/14 Wire to US Foods 12/29/14 Wire to Hamilton Insurance Agency 12/31/14 Wire to Aegis Therapies 12/31/14 Wire to US Foods		(50.00) (36,000.00) (4,852.81) (6,995.75) (42,323.64) (4,297.59) 42,323.64 (22,807.58) (4,065.04) (3,773.21) (5,356.00) (21,129.76) (3,239.72)
Difference between Bank and Books	(84,406.10)	(84,406,10)

Prepared by: Non IL 2)12

Approved by:_____

2/12/2015

SUPERIOR, INC. (185) OUTSTANDING CHECKS December 31, 2014 NATIONAL BANK OF COMMERCE (ENDING 4290)

	TOTAL OUTST	ANDING CHECK	\$>	92,258.32	
	CHECK#	DATE	PAYEE	AMOUNT	
	282	10/03/13	Aramark Uniform Services Inc.	5,612.28	
a	324	11/12/13	Long Term Care Services	2,524.20	
	60204	07/09/14	Amara Healthcare	41,000.00	
	60245	08/08/14	Pathways To Achievement Inc.	393,00	
	60252	08/15/14	Superior USA Corporation	1,009.08 -	
	60259	08/15/14	Essentia Health	351.41~	
	60265	08/15/14	SMDC Clinical Lab - (Essentia Health)	361.42-	
	60267	08/15/14	Jamar Company (Arrowhead)	1,880.00~	
	60271	08/15/14	Pathways To Achievement Inc.	321.50	
	60302	09/26/14	Crest Healthcare Supply	761.01	
	60308	09/26/14	SMDC Clinical Lab - (Essentia Health)	319.75	
	60314	09/26/14	Pathways To Achievement Inc.	566.50	
	60315	09/26/14	Professional Portable X-Ray, Inc.	174.67	
	1	10/17/14	Superior USA Corporation	274,22	
	2	10/17/14	St. Luke's Hospital	70.00	
	6	10/17/14	Essentia Health	180.00-	
	10	10/17/14	Servpro of the Twin Ports	1,888.94	
	13	10/17/14	De Lage Landen Financial Services, Inc.	839.99	
	14	10/17/14	SMDC Clinical Lab - (Essentia Health)	358.00	
	16	10/17/14	Home Medical Products & Svcs	1,130.00	
	17	10/17/14	Briggs	192,77	
	18	10/17/14	Pathways To Achievement Inc.	499.25	
	19	10/17/14	Professional Portable X-Ray, Inc.	305.82	
	35	10/29/14	Aramark Uniform Services	8,433.48	
	36	10/29/14	Amara Healthcare	18,250.00	
	± 58	12/31/2014	Health Partners	4,052.70	
	59	12/31/2014	UNUM Life Insurance Company of America	434.99	
	60	12/31/2014	National Vision Administrators	73.34	
				End	

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Attach a A standa	copy of curren			eriod ending_	12/31/14
A standa	ard bank recond		itement and bank reco		
NAME (OF BANK!		n be found at		

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5B CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: H	P/Superior, Inc.	Case Number: 14-71797	
Reporting Period begi	inning <u>12/1/14</u>	Period ending 12/31/14	
NAME OF BANK:	National Bank of Commerce	BRANCH:	
ACCOUNT NAME:	HP/Superior, Inc.		
ACCOUNT NUMBE	R:xxxxx4308	income per a servicio de la companya del companya del companya de la companya de	-0-01-5
PURPOSE OF ACCC	UNT: PAYROLL		
alternative, a compute information requested CHECK DATE NUMBER	r generated check register can	payments, stop payment, etc. Ir be attached to this report, provi PURPOSE	
See Attached	· · · · · · · · · · · · · · · · · · ·		
Venture services	× ×	-	
(

SUPERIOR, INC. (185) PAYROLL BANK RECONCILIATION

(185) 1-0000-1000005 December 31, 2014

NATIONAL HANK OF COMMERCE (Bank Account Number Ending 4308)

O'GINNING GL BALANCE	PorBank	Per Books
FNDING BANK BALANCE	3,259.67	(14,735.31)
FACE ITY DEPOSITS		50,493,19
WIRE FRANSPERS IN		
WIRE TRANSFERS IN - RELATED FACILITY ACCOUNTS		4.000 00
WIRE TRANSFERS OUT		119,000,00
WIRE TRANSFERS OUT - RELATED FACILITY ACCOUNTS		(10,000 00)
PAYROLL CHECKS 12/05/14 (#9203 - Garnishment Check)		,
PAYTOUL CHECKS 12/12/14 (#9204-9307)		(90.46) (86,568.98)
PAYROLL CHECKS 12/12/14 (Reverse Invalid Check #9307)		4,413.91
PAYROLL CHECKS 12/26/14 (#9308-9405)		(70,566 07)
PAYROLL CHECKS 12/26/14 (Reverse Invalid Check #9405)		3,769.79
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(10,584-30)	
PETETAX PAYMENT - IRS - xx/xx/xx	20	
HIT TAX PAYIMENT HRS - xx/xx/xx		#. ***
CONTRACTOR AND ADMINISTRATION OF THE CONTRACTOR		5
FEFT TAX PAYMENT - STATE - xx/xx/xx FT) TAX PAYMENT - STATE - xx/xx/xx		2
CONTRACTOR OF STATIS - XX/XX/XX		1.2
PROLIANT AP PAYMENT - 12/11/14		
PROLIANT AP PAYMENT - 12/24/14		(234.55)
	2.	(222 45)
ANALYDID CHARGE		(83.70)
NSF/OVERDRAFT FIELS		(500 00)
Wing Fifts CASTULT CHICK MARS		1000 00)
Contract of the Contract of th		#
VOIDED CHECKS		
44055050		
MESCELLANEOUS ITEMS:		
F		
	Charges of the property of the same of square of the same same	. Academ
Difference between Bank and Books	(7,324.63)	(7,324.63)
THE PROPERTY OF THE POORS		0.00

15.,.....

Spin Southy

1/14/0011

SUPERIOR, INC. (185) OUTSTANDING CHECKS December 31, 2014

NATIONAL BANK OF COMMERCE (ENDING 4308)

TOTAL OUTS	TANDING CHECKS		*******		>		10,584.30
CHECK #	PAYEE	₩ ₩ ₩	ENC	×	£)	DATE	AMOUNT
5023	Boyd, Dorothy					02/22/13	285.89
5177	Guenard, Taylor					03/22/13	3.22
8676	Houle, Marcia					10/17/14	745.41
9288	Warner, Katrina					12/12/14	1,072,70
9314	Johnson, Karen					12/26/14	2,160.98
9315	Johnston, Hannah					12/26/14	1,420.67
9328	Belanger, Sarah					12/26/14	599.06
9336	Hall, Angela					12/26/14	477.15
9360	Lundberg, Juliana					12/26/14	2,085,22
9379	Doolittle, Robin					12/26/14	848.63
9386	Abrahamson, Travis					12/26/14	147.09
9400	WI Council 40, Per Capita					12/26/14	738.28
							End

Date 12/31/14 Page 1
Primary Account @XXXXXXXXXXX04308
Enclosures 247

HP SUPERIOR INC ST FRANCIS IN THE PARK PAYROLL ACCOUNT 1800 NEW YORK AVE SUPERIOR WI 54880

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
ST FRANCIS IN THE PARK
PAYROLL ACCOUNT

WE ARE TAKING PRECAUTIONS TO PROTECT OUR DEBIT CARD CUSTOMERS FROM FRAUDULENT TRANSACTIONS. BEFORE YOU TRAVEL, PLEASE NOTIFY US.

BUSINESS CHECKING		Number of Enclosures	247
Account Number	@XXXXXXXXXX@4308	Statement Dates 12/01/14 thr	11 12/21/14
Previous Balance	13,588.53	Days in the statement period	31
12 Deposits/Credits	173,493.19	Average Ledger	10,299.48
263 Checks/Debits	183,822.05	Average Collected	10,299.48
SERVICE CHARGE	,00	3	/~55,10
Interest Paid	.00		
Current Balance	3,259,67		

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$480.00	\$3,210.00
Return item fees year to date	\$.00	\$630.00

DESCRIPTIVE CREDITS AND DEBITS

12/01 Total of 17 Checks Presented	10,400.40-	3,188.13
12/01 Analysis Service Charge	83,70-	3,104.43
12/02 Total of 9 Checks Presented	6,042,10-	2,937.67-
12/02 Paid Item Fee	30.00-	2,967.67-
12/02 Paid Item Fee	30.00-	2,997.67-

Date 12/31/14	D
	Page 2
Primary Account	@XXXXXXXXXX@4308
Enclosures	247

BUSINESS CHECKING	@XXXXXXXXX04308	(Continued)	
DESCRIPTIVE CREDITS AND DEBITS			
12/02 Paid Item Fee 12/02 Paid Item Fee 12/02 Paid Item Fee 12/03 Trsf from OPERATING ACCT Confirmation number 12		30.00- 30.00- 30.00- 5,000.00	3,027.67- 3,057.67- 3,087.67- 1,912.33
12/03 CHECKING DEPOSIT 12/03 CHECKING DEPOSIT 12/03 Total of 7 Checks Presente 12/04 Total of 1 Check Presente 12/05 Trsf from OPERATING ACCT Confirmation number 12	ed 1	4,000.00 10,000.00 13,806.04- 92.47- 5,000.00	5,912.33 15,912.33 2,106.29 2,013.82 7,013.82
12/05 Total of 6 Checks Presente 12/09 Total of 4 Checks Presente 12/10 CHECKING DEPOSIT 12/10 Total of 1 Check Presented 12/11 PD BILL GA0582 HP/SUPER ST FRANCIS HOME IN THE GA0582	ed d L	3,334.01- 2,012.50- 28,925.66 213,44- 234.55-	3,679.81 1,667.31 30,592.97 30,379.53 30,144.98
12/12 telephone transfer per jen sanda-rose		35,000.00	65,144.98
12/12 Total of 67 Checks Present 12/15 Total of 14 Checks Present 12/16 CHECKING DEPOSIT 1.2/16 Total of 8 Checks Presente 12/17 Total of 4 Checks Presente 12/18 Total of 4 Checks Presente 12/19 Total of 4 Checks Presente 12/19 Total of 5 Checks Presente 12/22 Total of 5 Checks Presente 12/22 Paid Item Fee 12/22 Paid Item Fee 12/22 Paid Item Fee 12/23 Trsf from OPERATING ACCT Confirmation number 12	ed d d d d	54,247.89- 10,045.17- 15,820.63- 8,285.87- 2,327.05- 1,070.35- 1,616.96- 4,785.76- 30.00- 30.00- 30.00- 2,000.00	10,897.09 851.92 16,672.55 8,386.68 6,059.63 4,989.28 3,372.32 1,413.44- 1,443.44- 1,473,44- 1,503.44- 496.56
12/24 Trsf from OPERATING ACCT Confirmation number 12	24140051	55,000.00	55,496.56
12/24 CHECKING DEPOSIT 12/24 PD BILL GA0582 HP/SUPER ST FRANCIS HOME IN THE GA0582		5,746.90 ~ 222.45-	61,243.46 61,021.01
12/26 Total of 58 Checks Present. 12/29 Total of 18 Checks Present. 12/30 Total of 13 Checks Present. 12/30 Paid Item Fee 12/30 Paid Item Fee 12/30 Paid Item Fee 12/30 Paid Item Fee	ed	44,963.33- 11,496.30- 6,210.25- 30.00- 30.00- 30.00- 30.00-	16,057.68 4,561.38 1,648.87- 1,678.87- 1,708.87- 1,738.87- 1,768.87-

Date 12/31/14 Primary Account	Page @XXXXXXXXXXmq	3
Ruckomizen		200

BUST MESS	CHECKING	**XXXXX	KXXXX004301	3 (Continued)	
BESCRIPT	IVE CRESSING A	ND DESTITS			
12/30 Pa 12/30 Pa 12/30 Pa 12/31 Tes	IF ITOM OPERAT	r musber 1231140064		30.00+ 30.00- 30.00- 30.00- 2,000.00	1,798,87. 1,828,87. 1,858,87. 1,868,87. 2,111,13
12/31 To: 12/31 Ch: 12/31 Ch:	ad of 2 Check Egeback 600(os Presented)		1,831,46 = 5,00 = 15,00	3,279.67 3,274.67 3,259.67
12/01 12/03	Shocks No	10,000.00	Date 12/01 12/02	ORDER	Amourt: 898.16 214.45
22/29 22/17 12/01 12/01	8907* 9060* 9087* 9088		12/02	9156 9161 9161 9163* 9165*	213.44 1,255.46 184.71 396.27 296.60
10/02 12/02 12/05 12/05 12/03	9092* 9093 9096* 9097 = 9173*	1,269.84 173.55 1,830.33 884.70	12/01 12/03 12/03 12/03	9172* 9177* 9180* 9181	138.56 896.34 1,072.70 173.35
12/91 12/18 73/01 12/01	91193 91214 91214 9127	273,24 448,29 387,62 133,49 499,19	32/01 12/09 12/09	9184* 9185 9188* 9189 9194*	1,342.85 184.70 1,450.84 184.70 1,077.50
12/01 12/01 12/02 12/02 #::/ob	91.40^ 91.83* 91.44 93.45 93.46	384,37 669,56 72,52 991,34 205,74	12/03 12/22 12/22	9195 91974 9198 9199	304.98 126.46 770.74 174.23
12/02 12/05 12/17 12/01	9146* 9146* 9146*	654.43 658.43 36.59 446.99	12/16 12/16 12/15	9206 9201 9203* 9204 9205	281.17 92.47 90.46 365.38 1,296.57
12/02 12/02 12/01 12/01	9148* 9149 9150 9151	2,085.22 184.70 1,858.24 173.35	12/16 12/15 12/16	9206 9207 9208 9209	2,001.81 455.55 1,237.56 406.00
131 (33) (41,173)	missing check	COMMOGRAS			

Date 12/31/14 Page 4
Primary Account @XXXXXXXXXX04308
Enclosures 247

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

		CHE	CKS IN CHECK NUMBER	ORDER	
Date			Amount Date	Check No	Amount
12/			2,503.87 12/12	9255	594.73
12/2			2,275.42 12/12	9256	1,748.61
12/3			1,081.60 12/15	9257	437.41
12/1			655.24 12/12	9258	1,385.23
12/3			2,305.02 12/17	9259	2,085.22
12/1			761.42 12/16	9260	1,916.88
12/3			441.59 12/12	9261	1,466.02
12/1	2 9217		1,135.18 12/12	9262	893.75
12/1	9218		149.61 12/12	9263	494.64
12/1	.2 9219		2,114.83 12/12	9264	1,360.36
12/1	.2 9220		1,661.67 12/12	9265	
12/1			804.21 12/12	9266	96.64
12/1	.2 9222		1,338.42 12/22	9267	601.59
12/1			532.47 12/22	9268	658,61
12/1			559,44 12/15	9269	316.88
12/1			650.10 12/12	9270	1,255.45
12/1			459.24 12/16	9271	597.34
3,2/1			727.06 12/12	9271	181.93
1.2/1			586.03 12/12	9273	50,94
12/1			698.71 12/12		70.59
12/1			1,038.45 1.2/1.2	9274 9275	489.62
12/1			1,238.60 12/12		1,001.18
12/1			698.25 12/12	9276	438,53
12/1			864.18 12/12	9277	617.48
12/1				9278	956.05
12/1			131.02 12/12	9279	1,137.24
12/1			453.21 12/12	9280	144.70
12/1			765.76 12/12	9281	692.07
12/1			576.90 12/15	9282	886.55
12/1			764.08 12/12	9283	291.24
12/1		0.0	308.93 12/12	9284	1,272.24
12/13			1,016.44 12/12	9285	820.25
12/1			590.95 12/12	9286	649.81
12/1!			809.51 12/12	9287	578.50
12/12			217.45 12/12	9289*	221,63
			1,227.72 12/12	9290	593.57
12/12			872.79 12/19	9291	1,343.50
$\frac{12/15}{12/12}$			653.10 12/12	9292	598.88
			416.11 12/15	9293	344.03
12/16			908.81 12/16	9294	1,502.42
12/30			11.72 12/12	9295	1,136,58
12/12			763.34 12/12	9296	322.59
12/12			725.43 12/12	9297	782.84
12/12			461.69 12/12	9298	519.63
1.2/12			978 24 12/15	9299	1,077.49
12/12			427:78 12/12	9300	860.07
* nen	oces missing	check numbers			

Date 12/31/14 Page 5
Primary Account @XXXXXXXXXX04308
Enclosures 247

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

15 - 1 -		CHECKS IN CHECK NUMBER	OBDED	
Date	CILCON IVO	Amount Date	Check No	_
12/19	9301	126.46 12/26	9352	Amount
12/22	9302	764.11 12/29	9353	608.27
12/29	9303	170.42 12/26	9354	658.81
12/17	9304	196.53 12/26	9355	850.55
12/19	9305	76.41 12/26		196.83
12/18	9306	92.47 1.2/26	9356	175,80
12/29	9308*	358.59 12/29	9357	1,136.11
12/26	9309	1,305.26 12/26	9358	441.74
12/30	9310	1,547.19 12/29	9359	1,050.60
12/29	9311	455.55 12/26	9361* 9362	1,916.B7
12/29	9312	1,286.07 12/29	2002	1,466.02
12/29	9313	406.00 12/26	9363	895.15
12/26	931.6*	1,068.03 12/29	9364	1,360.38
12/26	9317	1,729.37 12/26	9365	94.80
12/26	9318	749.79 12/29	9366	542,83
12/26	9319	1,134.03 12/26	9367	1,255.46
12/29	9320	306 01 12/26	9368	340.67
12/26	9321	306.01 12/30 1,748.39 12/26	9369	333.93
12/26	9322	1,466.22 12/26	9370	15.90
12/26	9323	764.40 12/26	9371	605.61
1.2/26	9324	1,071.05 12/26	9372	1,010.80
1.2/26	9325	484.62 12/26	9373	250,64
12/26	9326	350 07 12/26	9374	461.48
12/26	9327	350.87 12/26 656.19 12/26	9375	849,70
12/26	9329*	720.08 12/26	9376	1,192.87
12/26	9330	722.44 12/26	9377	182,31
12/26	9331	875.27 12/26	9378	607.81
12/26	9332	630.31 12/26	9380*	280.61
12/26	9333	996.39 12/26	9381	1,272.25
12/29	9334	502.67 12/26	9382	738.60
12/26	9335	463.20 12/26	9383	474.49
12/26	9337*	446.14 12/29	9384	460.71
12/26	9338	707.63 12/26	9385	1,072.70
12/26	9339	230.88 12/30	9387*	635.95
12/29	9340	431.48 12/30	9388	1,476.84
12/26	9341	635.26 12/29	9389	382.32
12/26	9342	586.98 12/29	9390	656,36
12/26	9343	503.13 12/31	9391	227.30
12/26	9344	623.46 12/31	9392	1,509.06
12/26	9345	929.37 12/26	9393	322,40
12/26	9346	1,327.17 12/26	9394	1,204.27
12/30	9347	610.41 12/26	9395	782.85
12/29	9348	381.73 12/26	9396	751.88
12/30	9350*	1,023.69 12/26	9397	1,077.51
12/26	9351		9398	876.59
* Denotes	missing check numb	ers	9399	126,46

Date 1.2/31/14	Page 6
Primary Account	@XXXXXXXXXX@430B
Enclosures	
	247

BUSINESS	CITITIONERS

@XXXXXXXXXX@4308 (Continued)

Date 12/30 12/30 * Denot	Check No 9401* 9402 es missing ch		KS IN CHECK NUMBER Amount Date 157.52 12/30 196.54 12/30	R ORDER Check No 9403 9404	Amount 23.86 92.47
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30,379.53 12/19 3,372.32 12/31 1,888.8	Date 12/01 12/02 12/03 12/04 12/05 12/09	Balance 3,104.43 3,087.67- 2,106.29 2,013.82 3,679.81 1,667.31 30,379.53	12/11 12/12 12/15 12/16 12/17 12/18	BALANCE INFORMA Balance 30,144.98 10,897.09 851.92 8,386.68 6,059.63 4,989.28 3,372.32	Date 12/22 12/23 12/24 12/26 12/29 12/30	Balance 1,503.4 496.56 61,021.0 16,057.66 4,561.38 1,888.87
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Payroll-Checks Check/Yousdier Check Type Check Date Payable to Id Name.	Net Am 36 1,29 2,04	punt D 5.38	MANUEL STREET, SERVICE OF THE
Check/Yougher Check Type Check Date Payable to Id Name.	36 1,29 2,04	5.38	
9204 17 Pag	36 1,29 2,04	5.38	
2020 Reg. 12/12/2014 996873 Goldbord, Jamifer	1,23° 400 2,500 2,270 1,081 655 2,305	1.81 1.81 5.55 5.55 5.55 5.55 6.00 5.42 6.00 5.42 6.02 6.02 6.02 6.02 6.03 6.02 6.03 6.03 6.07 6.01 6.03 6.03 6.03 6.03 6.03 6.03 6.03 6.03	00 437.4] 00 1,388.23 00 1,916.88 00 1,916.88 00 1,916.89 00 1,466.02 00 893.75 00 494.64 00 1,360.36 00 601.59 00 658.6) 00 658.6) 01 1,255.45 00 1,255.45 00 1,255.45 00 1,255.45 00 1,255.45 00 1,255.45 00 181.93 00 50.94 00 70.59 00 489.62 00 1,001.18 00 438.53

	ster		Ca	cis Home In The Park mpany (GA0582)	Process:	11/24/2014 to 12/07/20 2014121201	
Hank Account 4308	Transit Number 091800028	Donk	Name LIONAL BANK (OF COMMERCE,	Description CLIENT	STATE OF THE PARTY	THE PROPERTY.
Check/Vanicher	Check Type	Check Date	Payable to Id	Name	Net Amor	mı Dir Dep	Net Check
9279 (. 9280 (.	Ren	12/12/2014	623919	Brock, Wanda	1,137.		1,137,24
9280 [O Reg	12/12/2014	172188	Cari, Anumda	144.	70 0,00	144,70
9281 E 9282 C 9283 E	D Reg D Reg	12/12/2014 12/12/2014	920067 866817	Coone, Steven Doolittle, Robin	692.		692,07
9283	□ Reg	12/12/2014	152643	Downs, Cody	886. 291.		886.55
9284 C	□ Ren	12/12/2014	669468	Graskey, Jean	1,272,		291.24
9285	Reg	12/12/2014	581015	Odell, Barbara	820,		1,272,24
92R6 C		12/12/2014	928543	Sawyer, Donna	649.		820,25 649,81
9287		12/12/2014	902439	Thompson, Tamara	578.		578.50
9288		12/12/2014	081820	Warner, Kalrina	1,072.	70 0.00	1,072,70
9289 E		12/12/2014	999876	Abrahamzon, Travis	221.		221,63
9291		12/12/2014	999877	Cozzi, Terry	593.		593.57
9292		12/12/2014 12/12/2014	561027 158365	Dully, Thomas Graskey, Mitchell	1,343.		1,343.50
9293		12/12/2014	999878	Rankin, Damen	598,8 344,0		598,88
9294	Reg	12/12/2014	470918	Anderson, lan	1,502.4		344.03
9295 🗆	Reg	12/12/2014	483478	Christianson, John	1,136.5		1,502.42
9296		12/12/2014	483478	Christianson, Joan	322.5		1,136,58 322,59
9297		12/12/2014	847349	Dolsen, Brenda	782.8		782.84
9298 [] 9299 []		12/12/2014	847349	Dolsen, Brenda	519.0	0.00	519.63
9300		12/12/2014	086992	Gervais, Destiny	1,077.4		1,077,49
		12/12/2014	761881	Miner, Mary	860.0	0.00	860.07
Totals for Payroll	Checus		97 Hems		80,728.6	7	80,728.67
Fided Party and Mi	ise Cheeks						
Check/Voucher	Check Type	Check Date	Payable to Id	Name	Nel Amou		Net Check
Check/Voucher 9301 □	Check Type Agency	12/12/2014	22	WISCTF	126.4	6 0.00	126,46
9301	Check Type Agency Agency	12/12/2014 12/12/2014	22 6	WI SCTF WI COUNCIL 40, PER CAPITA	126.4 764.1	6 0.00 1 0.00	126.46 764.11
Check/Voucher 9301 □	Check Type Agency Agency Agency	12/12/2014 12/12/2014 12/12/2014	22 6 81	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE	126.4 764.1 170.4	6 0.00 1 0.00 2 0.00	126.46 764.11 170,42
9301	Check Type Agency Agency	12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc	126.4 764.1 170.4 196.5	6 0.00 1 0.00 2 0.00 3 0.00	126,46 764.11 170,42 196,53
9301	Спеск Туре Аденсу Аденсу Аденсу Аденсу Аденсу Аденсу Аденсу	12/12/2014 12/12/2014 12/12/2014	22 6 81	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF	126.4 764.1 170.4 196.5 76.4	6 0.00 1 0.00 2 0.00 3 0.00 1 0.00	126,46 764,11 170,42 196,53 76,41
Check/Vougher 9301 □ 9302 □ 9303 □ 9304 □ 9305 □ 9306 □ 9307 □	Check Type Agency Agency Agency Agency Agency Agency Agency Tax	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLow THOMT WI	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc	126.4 764.1 170.4 196.5 76.4	6 0,00 1 0,00 2 0,00 3 0,00 1 0,00 7 0,00	126.46 764.11 170,42 196,53 76.41 92.47
Check/Voucher 9301 □ 9302 □ 9303 □ 9304 □ 9305 □ 9306 □ 9307 □ 100981 □	Check Type Agency Agency Agency Agency Agency Agency Agency Thx Tax	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB J.OW THOMT WI FITW	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minneson Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMME	126.4 764.1 170.4 196.5 76.4 92.4 4,413.9 24,674.8	6 0,00 1 0,00 2 0,00 3 0,00 1 0,00 7 0,00 1 0,00 6 24,674,86	126.46 764.11 170.42 196.53 76.41 92.47 4,413.91
Check/Voucher 9301 □ 9302 □ 9303 □ 9304 □ 9305 □ 9306 □ 9307 □ 100981 □ 100982 □	Check Type Agency Agency Agency Agency Agency Agency Tax Transfer	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/11/2014	22 6 81 DOLB JLow THOMT WI	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minnesom Child Support Payment THIS IS NOT A VALID CHECK	126.4 764.1 170.4 196.5 76.4 92.4 4,413.9	6 0,00 1 0,00 2 0,00 3 0,00 1 0,00 7 0,00 1 0,00 6 24,674,86	126.46 764.11 170,42 196,53 76.41 92.47
Check/Voucher 9301 □ 9302 □ 9303 □ 9304 □ 9305 □ 9306 □ 9307 □ 100981 □	Check Type Agency Agency Agency Agency Agency Agency Tax Transfer	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/11/2014	22 6 81 DOLB J.OW THOMT WI FITW	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minneson Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMME	126.4 764.1 170.4 196.5 76.4 92.4 4,413.9 24,674.8	6 0,00 1 0,00 2 0,00 3 0,00 1 0,00 7 0,00 1 0,00 6 24,674.86 5 234.55	126.46 764.11 170.42 196,53 76.41 92.47 4,413.91 0.00
Check/Voucher 9301 9302 9303 9304 9305 9306 9307 100981 100982 Potats for Third Pa	Check Type Agency Agency Agency Agency Agency Agency Tax Tax Transfer Arty and Misc Chec	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLow THOMT WI FITW Billing	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minneson Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMMENTALISM ATTEMPTS Proliant Atlanta	126.4 764.1 170.4 196.5 76.4 92.4 4,413.9 24,674.8 234.5	6 0,00 1 0,00 2 0,00 3 0,00 1 0,00 7 0,00 1 0,00 6 24,674.86 5 234.55 2 24,909.41	126,46 764.11 170,42 196,53 76,41 92,47 4,413.91 0,00 0,00
Check/Voucher 9301 9302 9303 9304 9305 9306 9307 100981 100982 Potats for Third Pa	Check Type Agency Agency Agency Agency Agency Agency Tax Tax Transfer Arty and Misc Chec	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLow THOMT WI FITW Billing 9 Hems Check Typ	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minneson Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMMEN Proliant Atlanta CC Count 6	126.4 764.1 170.4 196.5 76.4 92.4 4,413.9 24,674.8 234.5	6 0.00 1 0.00 2 0.00 3 0.00 1 0.00 1 0.00 1 0.00 6 24,674.86 5 234.55 2 24,909.41	126,46 764,11 170,42 196,53 76,41 92,47 4,413,91 0,00 0,00 5,840,31
Check/Yougher 9301 □ 9302 □ 9303 □ 9304 □ 9305 □ 9306 □ 9307 □ 100981 □ 100982 □	Check Type Agency Agency Agency Agency Agency Agency Tax Tax Transfer Arty and Misc Chec	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLow THOMT WI FITW Billing 9 Hems Check Typ Agency Reg	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minnesom Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMMENT Proliant Atlanta Count	126.4 764.1 170.4 196.5 76.4 92.4 4,113.9 24,674.8 234.5 30,749.7	6 0.00 1 0.00 2 0.00 3 0.00 1 0.00 1 0.00 1 0.00 1 0.00 6 24,674.86 5 234.55 2 24,909.41	126,46 764,11 170,42 196,53 76,41 92,47 4,413,91 0,00 0,00 5,840,31
Check/Voucher 9301 9302 9303 9304 9305 9306 9307 100981 100982 Potats for Third Pa	Check Type Agency Agency Agency Agency Agency Agency Tax Tax Transfer Arty and Misc Chec	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLow THOMT WI FITW Billing 9 Hems Check Typ	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minneson Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMMEN Proliant Atlanta CC Count 6	126.4 764.1 170.4 196.5 76.4 92.4 4,413.9 24,674.8 234.5 30,749.7 Net Amoun	6 0.00 1 0.00 2 0.00 3 0.00 1 0.00 1 0.00 1 0.00 1 0.00 1 0.00 24,674.86 5 234.55 2 24,909.41	126,46 764,11 170,42 196,53 76,41 92,47 4,413,91 0,00 0,00 5,840,31 Net Check 1,426,40 80,728,67
Check/Yousher 9301 9302 9303 9304 9305 9306 9307 100981 100982 Totals for Third Pa	Check Type Agency Agency Agency Agency Agency Agency Tax Tax Transfer Arty and Misc Chec	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLow THOMT WI FITW Billing 9 Hems Check Typ Agency Reg	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minneson Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMMEN Proliant Atlanta DE Count 6 97	126.4 764.1 170.4 196.5 76.4 92.4 4,413.9 24,674.8 234.5 30,749.7 Net Amoun	6 0.00 1 0.00 2 0.00 3 0.00 1 0.00 7 0.00 6 24,674.86 5 234.55 2 24,909.41 8 Dir Dep 7 0.00 7 0.00 7 0.00 7 0.00	126,46 764,11 170,42 196,53 76,41 92,47 4,413,91 0,00 0,00 5,840,31
Check/Voucher 9301 9302 9303 9304 9305 9306 9307 100981 100982 Potats for Third Pa	Check Type Agency Agency Agency Agency Agency Agency Tax Tax Transfer Arty and Misc Chec	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLOW THOMT WI FITW Billing 9 Items Check Typ Agency Reg Tax	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Rauge Credit Bureau Inc WISCTF Minneson Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMME Proliant Atlanta Comments 6 97 2	126.4 764.1. 170.4 196.5 76.4 92.4 4,413.9 24,674.8 234.5 30,749.7 Net Amoun 1,426.41 80,728.6' 29,088.7'	6 0.00 1 0.00 2 0.00 3 0.00 1 0.00 7 0.00 24,674.86 5 234.55 2 24,909.41 Dir Dep 0.00 7 0.00 7 0.00 7 0.00 7 24,674.86 6 234.55	126,46 764,11 170,42 196,53 76,41 92,47 4,413,91 0,00 0,00 5,840,31 Net Check 1,426,40 80,728,67 4,413,91
Check/Voucher 9301	Check Type Agency Agency Agency Agency Agency Agency Tax Tax Transfer Arty and Misc Chec	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLow THOMT WI FITW Billing 9 Hems Check Typ Agency Reg Tax Transfer	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Rauge Credit Bureau Inc WISCTF Minneson Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMME Proliant Atlanta Comments 6 97 2 1	126.4 764.1 170.4 196.5 76.4 92.4 4,413.9 24,674.8 234.5 30,749.7 Net Amount 1,426.4 80,728.6 29,088.7 234.5 111,478.39	6 0.00 1 0.00 2 0.00 3 0.00 1 0.00 1 0.00 7 0.00 6 24,674.86 5 234.55 2 24,909.41 8 Dir Dep 9 0.00 9 24,674.86 1 234.55	126,46 764.11 170,42 196,53 76.41 92,47 4,413.91 0.00 0.00 5.840.31 Net Check 1,426.40 80,728.67 4,413.91 0.00 86,568,98
Check/Voucher 9301 9302 9303 9304 9305 9306 9307 100981 100982 Potats for Third Pa	Check Type Agency Agency Agency Agency Agency Agency Tax Tax Transfer Arty and Misc Chec	12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014 12/12/2014	22 6 81 DOLB JLOW THOMT WI FITW Billing 9 Hems Check Typ Agency Reg Tax Transfer Totals	WI SCTF WI COUNCIL 40, PER CAPITA HARTFORD LIFE Range Credit Bureau Inc WISCTF Minnesom Child Support Payment THIS IS NOT A VALID CHECK NATIONAL BANK OF COMMEN Proliant Atlanta Count Count Count Count Count	126.4 764.1. 170.4 196.5 76.4 92.4 4,413.9 24,674.8 234.5 30,749.7 Net Amoun 1,426.4 80,728.6 29,088.7	6 0.00 1 0.00 2 0.00 3 0.00 1 0.00 1 0.00 7 0.00 6 24,674.86 5 234.55 2 24,909.41 Dir Dep 0 0.00 7 24,674.86 6 234.55 0 24,909.41	126,46 764.11 170,42 196,53 76.41 92,47 4,413.91 0.00 0,00 5.840.31 Net Check 1,426.40 80,728.67 4,413.91 0.00

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Account Check/Vaucher

9280 To 100982

Check Register		St Francis Home in The Park Company (GA0582)	Check Date; Pay Period; Process;	12/08/2014 to 12/21/2016 2014122601	
(130B) (19180)	կոսիսլ <u>ը</u> թայե չ	IDDIAL BANK OF COMMERCE,	Description CLIENT		CONTRACTOR AND ADDRESS OF THE PARTY OF THE P
Payroll Cheeks		· · · · · · · · · · · · · · · · · · ·			
Check/Voucher Check Ty	110000000000000000000000000000000000000	Payable to id Name	Net Am		Net Check
9308 🗀 Reg 9309 🗀 Reg	12/26/2014 12/26/2014	82444 Edwards, Molly 999873 Gainey, Mark	35. 1,30.	8.59 0.00 5.26 0.00	358.59
9310 🗆 Reg	12/26/2014	027089 Godbold, Jennifer	1,54	7.19 0.00	1,305,26 1,547,19
9311 □ Reg 9312 □ Reg	12/26/2014 12/26/2014	027089 Godbold, Jennifer 235000 Hich, April	45. 1,28	5,55 0.00	455.55
9313 🗀 Reg	12/26/2014	235000 Hieb, April	400	6,07 0,00 6,00 0,00	1,286.07 406.00
9314 □ Reg 9315 □ Reg	12/26/2014 12/26/2014	789981 Johnson, Knien	2,160	0.00	2,160.98
9316 🗆 Reg	12/26/2014	199409 Johnston, Hannah 944582 Kovach, Jessica	1,420 1,060	D.67 (1.00) B.03 0.00	1,420.67 1,068.03
9317 □ Reg 9318 □ Reg	12/26/2014	923629 Prock, Kelly	1,729	9.37 0.00	1,729,37
9319 🗆 Reg	12/26/2014 12/26/2014	747018 Ayers, Lunri 066163 Rudtke, Alecia	749 1,134	9.79 0,00 4.03 0.00	749.79 1,134.03
9320 □ Reg 9321 □ Reg	12/26/2014	703467 Riddell-Wade, Mary	300	5.01 0.00	306.01
9322 □ Reg	12/26/2014 12/26/2014	846167 Swonger, lie	1,748 1,460	3,39 0.00 5.22 0.00	1,748.39 1,466.22
9323 □ Reg 9324 □ Reg	12/26/2014	887403 Anderson, Brenda	764	1.40 0.00	764.40
9325 🗆 Reg	12/26/2014 12/26/2014	841445 Anderson, Tina 139922 Androski, Katie	1,071	1.05 0.00 1.62 0.00	1,071.05 484.62
9326 □ Reg 9327 □ Reg	12/26/2014	961250 Ayers, Mengen ·	350	1.87 0.00	350,87
9328 □ Rec	12/26/2014 12/26/2014	115245 Backwell, Lily 157977 Belanger, Smah	656 599	5.19 0.00 0.06 0.00	656.19 599.06
9329 □ Reg 9330 □ Reg	12/26/2014	864510 Birk, Randal	720	0.00	720.08
9331 D Ree	12/26/2014 12/26/2014	999875 Bodendorfer, Alexandra 920865 Chiles, Sarah	722 875	1.44 0.00 = 5.27 0.00	722.44
9332 🔲 Reg	12/26/2014	290506 D'Auria, Kiley	630	0.00	875.27 630.31
9334 🖂 Reg	12/26/2014 12/26/2014	925354 Degraef, Elizabeth 734876 DeMoure, Brooke	996 502		996.39
9335 □ Reg 9336 □ Reg	12/26/2014	22780 Espejo, Carolyn	463	.20 0.00	502.67 463.20
9337 🗀 Reg	12/26/2014 12/26/2014	8488) 0 Hall, Angela 116920 Houle, Marcia	477 446		477.15 446.14
9338 🗆 Reg 9339 🗀 Reg	12/26/2014	983557 Howes, Kathlina	707	.63 0.00	707.63
9340 🗆 Reg	12/26/2014 12/26/2014	983557 Howes, Kathlina 677791 Jillson, Luurn	230 431		230.88 431,48
9341 🖸 Reg 9342 🔯 Reg	12/26/2014	686608 Johnson, Joan	635	.26 0.00	635,26
9343 🗆 Ren	12/26/2014 12/26/2014	702301 Kidder, Rebecca 25628 Kolchmainen, Tiffany	586 503		586.98 503,13
9344 □ Reg 9345 □ Reg	12/26/2014	231832 Kozak, Casey	623	.46 0.00	623.46
9346 🗆 Reg	12/26/2014 12/26/2014	154173 Loughren, Samantha 787262 Neigebauer, Tara	929. 1,327.	.37 0.00 .17 0.00	929,37 1,327,17
9347 🗆 Reg	12/26/2014	82333 OFJanagan, Andrea	610.	.41 0.00	610.41
9349 🗀 Reg	12/26/2014 12/26/2014	922627 Outzen, Jennifer 801276 Peterson, Shelley Marie	381. 205.		381.73 205.89
9350 □ Reg 9351 □ Reg	12/26/2014	667800 Radike, Kathleen	1,023,	.69 0,00	1,023,69
9352 D Reg	12/26/2014 12/26/2014	540652 Ross, Margaret 085921 Sanders, Couriney	576. 608.		576.51
9353 🗆 Reg	12/26/2014	113942 Schnautz, Amber	658.	81 0.00	608.27 658.81
9354 □ Reg 9355 □ Reg	12/26/2014 12/26/2014	296045 Strandness, Kayla 393281 Vang, Jiyon	850. 196.	55 0.00 83 0,00	850.55 196.83
9356 🗀 Reg	12/26/2014	291643 Vukelich, Samh	175.	80 0.00	175.80
9358 🗀 Ren	12/26/2014 12/26/2014	945947 Winkler-Peterson, Angala 372486 Wise, Charity	1,136, 441.	74 0.00	1.136.11
9359 □ Reg 9360 □ Reg	12/26/2014	875489 Verlooy, Laurie	1,050.	60 0.00	441.74 1,050.60
9361	12/26/2014 12/26/2014	024246 Lundberg, Juliana 40859 Rose, Jennifer	2,085 1,916.		2,085,22 1,916,87
	12/26/2014	861711 Vnn Overmeiren, Melissa	1,466.	02 0,00	1,466.02
9364 🗆 Reg	12/26/2014 12/26/2014	725053 Broadwell, Cutherine 660670 Fitch, Christine	895. 1,360,1		895.15 1 360 38
9365 🗆 Reg	12/26/2014	270287 Susnik, Aili	94.	0.00	1,360.38 94.80
9366 □ Rep 9367 □ Rep	12/26/2014 12/26/2014	768955 Aiken, Candy 904048 Incobson, Sherry	\$42.0 1,255.0		542.83 1,255,46
9368 🗆 Rog	12/26/2014	722914 Johns, Barbara	340.6	57 0.00	340.67
9370 🗀 Rea	12/26/2014 12/26/2014	068375 Kotz, Ashley 213493 Lowery, Justin	333.5 15.5	93 0.00 90 0.00	333.93 15.90
9371 🗇 Reg 9372 🗇 Reg	12/26/2014	923913 Sjogren, Daniel	605.6	0,00	605.61
9373 🗆 Reg	12/26/2014 12/26/2014	623137 Turnvall, Patricia 945711 Van Overmeiren, Amber	1,010,1 250,0	80 0,00 54 0.00	1,010.80
9374 🗆 Кед	12/26/2014	947024 Ynuk, Ross	461.4	18 0.00	250,64 461,48
9375 💭 Reg 9376 🗇 Reg 9377 🔘 Reg	12/26/2014 12/26/2014	523171 Wicklund, Joanne 623919 Brock, Wanda	849.7 1,192.8		849.70
	12/26/2014	172188 Cart, Amanda	182.3	31 0.00	1,192.87 182.31
9379 🗆 Reg	12/26/2014 12/26/2014	920067 Coone, Steven 866817 Doolittle, Robin	607.8 848.6		607.81
9380 🗆 Reg	12/26/2014	152643 Downs, Cody	280.6	0.00	848.63 280.61
9381 □ Reg 9382 □ Reg	12/26/2014	669468 Graskey, Jenn 581015 Odell, Barbara	1,272,2 738.6		1,272.25 738.60
		· · · · · · · · · · · · · · · · · · ·		0.00	7.50.00

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Account Check/Voucher

Check Regist				cis Home In The Park mpany (GA0582)	Pay Period: Process:	12/26/2014 12/06/2014 to 12/21/20 2014122601	Page 014 2
Dank Account	Transit Number 091800028	Bwil: h NAT		OF COMMERCE,	Description CLIENT		distance of the last
Check/Yougher	Check Type	Check Date	Payable to ld	Manie	Net Amo	unt Dir Den	Net Check
9383	Reg Reg Reg Reg Reg Reg Reg Reg Reg Reg	12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014	928543 902439 081820 999876 999877 561027 158365 999878 470918 470918 483478	Savyer, Donna Thompson, Tamata Warner, Katrina Abrahamzon, Travis Cozzi, Terry Duffy, Thomas Duffy, Thomas Graskey, Mitchell Rankin, Dunnen Anderson, lan Anderson, lan Christianson, Joan	474, 460 1,072 147. 635; 1,476 382. 656, 227. 1,509, 322. 1,204.	.71 0,00 .70 0,00 .09 0,00 .95 0,00 .84 0,00 .32 0,00 .36 0,00 .30 0,00 .00 0,00 .40 0,00	474.49 460.71 1,072.70 147.09 635.95 1,476.84 382.32 656.36 227.30 1,509.06 322.40
9395 □ 9396 □ 9397 □ 9398 □	Rog Rog Rog Rog	12/26/2014 12/26/2014 12/26/2014 12/26/2014	847349 847349 086992 761881	Dolsen, Brenda Dolsen, Brenda Delvais, Destiny Miner, Mary	7,204. 782. 751. 1,077, 876.	85 0.00 88 0.00 51 0.00	1,204,27 782,85 751,88 1,077,51 876,59
Totals for Payroll C			91 Items		71,461.	15	71,461.15
Chird Purty and Mis Check/Voucher	Check Type	Check Date	N 11	N. Constant	***************************************	ere analysis	
9399	Agency Agency Agency Agency Agency Agency Agency Tux Tax Transfer	12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014 12/26/2014	Payable to Id 22 6 81 DOLB JLow THOMT WI FITW Billing	Name WI SCTF WI COUNCIL 40, PER CAPIT. BARTFORD LIFE Range Credit Bureau Inc WISCTF Minnesota Child Support Payme THIS IS NOT A VALID CHECT NATIONAL BANK OF COMM Proliant Atlanta	157 196 23.1 ent 92, K 3.769	46 0,00 28 0,00 52 0,00 54 0,00 86 0,00 47 0,00 79 0,00 38 21,655,38	Net Check 126.46 738.28 157.52 196.54 23.86 92.47 3,769.79 0.00 0.00
Totals for Third Par	ty and Mise Chee	eles	9 Hems		26,982,	75 21,877.83	5,104.92
Fotals for Accou	nt 907106430	3	Check Ty	ne Count	Net Amou	nt Dir Dep	Nei Check
			Agency Reg Tax Transfer	6 91 2 1	71,461.1	0.00 7 21,655,38	1,335,13 71,461.15 3,769.79 0,00
			Totals	100	98,443.9	21,877,83	76,566.07
ecount Totals			Account	Count	Net Amour	nt Dir Dep	Net Check
			907106430	08 100	98,443.9	****	76,566.07
			Totals	100	98,443.9		76,566.07

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Namo	e of Debtor: <u>HP</u>	Superior, Inc.		Case Number: 14-71797
Repo	rting Period begin	ning _12/1/14	_	Period ending 12/31/14
standa	h a copy of curren ard bank reconcilia /www.usdoj.gov/u	ation form can be found	t and bank reconcilia d on the United State	ation to this Summary of Bank Activity. A set Trustee website,
NAM	ie op bank:	N/A	BRANCH:	
ACC	OUNT NAME: 🔔		ACCOUNT	NUMBER:
PURF	POSE OF ACCOU	NT: TAX		·
	Plus Total Ar Minus Total A Minus Servic	e per Bank Statement nount of Outstanding I Amount of Oustanding e Charges e per Check Register		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
*Debi	it cards must not	be issued on this acco	unt.	
**If C	Closing Balance is	negative, provide exp	olanation:	
The to	Mowing disbursen	nents were paid by Cas	h; (🗇 Check here United State	if cash disbursements were authorized by s Trustee)
Date	Amount	Payee	Purpose	Reason for Cash Disbursement
-				
#	Howing non-tax di			
#	Howing non-tax di	· · · · · · · · · · · · · · · · · · ·		
The fo	Amount	sbursements were mad	le from this account:	Reason for disbursement from this account
The fo	Amount	sbursements were mad	le from this account:	Reason for disbursement from this account

⁽a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: <u>HP/S</u>	Superior, Inc.	Case Number: <u>14-71797</u>						
Reporting Period beginn	ing <u>12/1/14</u>							
NAME OF BANK:	N/A	BRANCH:						
ACCOUNT NAME:		ACCOUNT#						
PURPOSE OF ACCOUN	NT: TAX	and the second second						
Account for all disbursen alternative, a computer-g information requested be http://www.usdoi.gov/ust	enerated check registe low is included.	, lost checks, stop payments, etc. er can be attached to this report, pr	In the rovided all the					
DATE NUMBER	PAYEE	<u>PURPOSE</u>	AMOUNT					
-								
TOTAL	SUMMARY	OF TAXES PAID	(d)					
Payroll Taxes Paid Sales & Use Taxes Paid Other Taxes Paid TOTAL			(a) (b) (c) (d)					

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 50).
- (b) This number is reported in the "Current Month" column of Schedule or Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Instrument	Face Value	Purchase Price	Date of	Purchase	Current Market Va
					8
			1		
			3		
7307044			-		(4
TOTAL	PET	TTY CASH REPO	ORT		
The following Petty	y Cash Drawers/Acc	ounts are maintair	ned:	<u> 2</u> 7	
	(Column 2) Maximum	(Column 3) Amount of P		(Colu	ımn 4)
Location of	Amount of Cash	Cash On Hai	-		between
Box/Account	in Drawer/Acct.	At End of M	onth	(Column 3))
Business Office	\$4,500.00	\$4,500.00		0.00	vi
TOTAL	H	\$ \$4,500.0		_(b)	. 0
	n Disbursements ov				
here are no receip	ts, provide an expl	anation			
	h Disbursements ov ets, provide an expl	\$ \$4,500.00 ver \$100 per trans	o saction, a	tach copies	

MOR-2, Line 7).

	PETTY CASH RECONCILIATION FORM	¥
	Facility Number / Name St. Francis 215	PR4
	Date	
	Vendor #	/
	DATE GILACCT # DESCRIPTION ? 12/24/14 1-13/1-6030 200 Employer Appreciation 12/24/14 1-1301-6/00 900 Doctory Raw 12/14/14 1-1301-6/00 800 Norsing Suppless 12/12/14 1-1304-6225 205 Plant Supplies Bld 12/12/14 1-1304-6225 205 Plant Supplies Bld 17/15 1-1304-6225 205 Plant Supplies Bld 17/15 1-1304-6225 205 Plant Supplies Bld	9835 ST 15.56 ST 165.48 -JR 51.73 56 35.32 56 53.99 56 119.00 56
)	146-115 /-1304-6225 205 P/19nt Supplies B/d 12/18/14 1-1305-6/00 800 Actualy Supplies 12/18/14 1-1305-6/00 800 Actualy Supplies 12/18/14 /-1305-6/00 800 Actualy Supplies 12-14 /-1305-6/00 800 Actualy Supplies 15-15. /-1305-6/00 800 Actualy Supplies	3633 J6 35.00 El 15.07 CF 21.10 CF 8.05 B
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	G/L ACCT # AMOUNT (1-1311-16320-260	
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PETTY CASH RECONCILIATION FORM

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	Date	6 15	2 S.		(2)	
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92		ACCT #	736 l	DESCRIPTION BANGE Plant	AMOUNT.	REC'VD BY
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				*This must agree with attached	MUST = vouchers/receipts.	= \$250
ļ				Make Check Payable To	PETTY CASH	==
J	s company		5 C O C De 50	· Comp	Mariator's Slon	altiro

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor:	HP/Superior,	Inc.	Case Nu	mber: <u>14-7179</u>	7
Reporting Period b	peginning 12	2/1/14	Period e	nding12/31/	′14
		TAXES OWED	AND DUE		
Report all unpaid ptax, property tax, u	post-petition tar inemployment	xes including Fed tax, State workme	eral and State wen's compensation	vithholding FICA	A, State sales
Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
		8	16-11-1	*	***************************************
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TOTAL			\$ -0-		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor	: HP/Sur	perior. Inc.		Ca	se Number:	14-717	779		
Reporting Period	d beginning	12/1/14		Per	iod ending	12/3	1/14		
Report all forms car allowances, pinsurance premit and for which de Name of Officer	payments to am payment stailed recei	retirement p	lans, loan re ot include re ained in the	payments, imburseme	payments of int for busine grecords.	Officer	Owner's per nses Officer	sonal expe	nses,
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				2					
- CONT			PERSO	ONNEL R	EPORT			-	_
						l Time		Time	
Number of empl			riod		17	0	${0}^{70}$		76
Number hired do Number termina			eriod			0	4		
Number of empl					_ 1	7	66		
					INSURAN	~~			
List all policies comprehensive, insurance. For s the month (new	vehicle, hea subsequent i	alth and life. reports, attac	For the first h a certificat	report, att e of insura	ach a copy o	f the dec	claration she	et for each	type of
Agent								Date	
and/or		Phone	Policy		Coverage		Expiration	Premiu	m
Carrier]	Number	Numbe	er	Type	Ι	Date	Due	
See Attached									4
11-15-11-11-11-11-11-11-11-11-11-11-11-1			U-					7	
The following l	apse in ins	ırance covei	rage occurr	ed this mo	nth:			-	
Policy	Date	Date							
Type	Lapsed		stated	Reason f	or Lapse				
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				-					
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		-							

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

,			CATE OF LIA				13	OP ID; K (MINIDD/YYYY) 2/31/2014
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW, THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVELY (ISURANC AND THE	OR NEGATIVELY AMEND E DOES NOT CONSTITU CERTIFICATE HOLDER,	, EXTEND OR ALT ITE A CONTRACT	TER THE CO BETWEEN	OVERAGE AFFORDED THE ISSUING INSURER	BY TH R(S), A	E POLICIES UTHORIZED
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PRI	certificate holder in lieu of such endo DDUCER milton insurance Agency n J. Zuccari, inc.	rsement(5),	CONTACT Kelly Harmane: Kelly Harmane: 703-35] FAX	702 (159-8108
410	10 Monument Corner Dr. #500 rfax, VA 22030			E-MAIL ADDRESS: kharney	@hamilton	insurance.com	1000	139-0100
Rol	pert Schumann					RDING COVERAGE		NAIC#
	The same of the sa			INBURER A: Lloyd's	s of Londor			AA112
ING	URED HP/Superior, Inc. dba St. Francis in the Park Hea	lfh	5.5	INSURER 8:				
	and Rehabilitation Center			INSURER C:				
	(Debtor In Possession) 1800 New York Avenue			INSURER D:				
	Superior, WI 54880			INSURER E I				
cc	VERAGES CE	271710 12	T All Marien.	INSURER F :				
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			RETRO: 12/30/2014	12/30/2014	12/30/2015	THE SECOND SECON	s	
	X CLAIMS-MADE OCCUR			12/30/2014	12/30/2015	MED EXP (Any one person)	<u> </u>	300,00
	X CLAMS-MADE OCCUR X Prof Liab Includ GENL AGGREGATE LIMIT APPLIES PER:				12/30/2015	MED EXP (Any one person) PERSONAL & ADV INJURY	\$	300,00
	X CLAMS-MADE OCCUR X Prof Liab Includ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JEGT LOC				12/30/2015	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	300,00
	X CLAIMS-MADE OCCUR X Prof Liab Includ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- AUTOMOBILE LIABILITY				12/30/2015	MED EXP (AITY OND PERSON) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Eg geddan)	\$ \$	300,00
	X CLAIMS-MADE OCCUR X Prof Liab Includ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY LOC AUTOMOBILE LIABILITY ANY AUTO ALL DUNNED SCHEDIN ED				12/30/2015	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Se sedden!) BODILY INJURY (Per person)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	300,00
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	X CLAMS-MADE OCCUR X PROFLIBB Includ GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR				12/30/2015	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (En stadent) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT) EACH OCCURRENCE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	300,00
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CERTIFICATE HOLDER

CANCELLATION

FORINF
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Robert Schumann

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLD CERTIFICATE DOUBLOOK APPRIMATIVE ON RECORDING TO A INSTRUMENT COVERAGE APPRIMATIVE OF REPRESENTATIVE OR PROPRIED BY THE POIL EXCEPTION OF REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT DETWEEN THE ISSUING INSURER(S), AUTHOR REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the terms and conditions of the policy, certain policies may require on endorsement. A statement on this certificate does not confidence outlines to holder in flour of such endorsement(s). PRODUCES CERTIFICATE INSURED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy(se) must be endorsed. If SUBROGATION IS WAIVED, the policy is waited by the policy of the policy is waited by the policy is waited by the policy is waited. It is waited by the policy is waited by the p	DAYE (MM/DD/YYYY) 10/31/2014
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Depilal Source Finence L445 Willard Ave., 12th Floor Thevy Chase, MO 20815 Page 1 of 2 © 1988-2010 ACORO CORPORATION, All ri	

ACORD 25 (2010/05)

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POLICY NUMBER; 42 DEN JF9456



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF THE DECLARATIONS - ADDITIONAL PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED INSUREDS

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

ALTA CARE CORPORATION

LOCATION

01143

*25002427194560101

ADDITIONAL INSURED

ST FRANCIS

HP/SUPERIOR, INC.

Form IH 12 04 03 12 SEQ.NO. 02

© 2012, The Hartford

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ACORD 25 (2010/05)

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Attachments by Manager of Propeny Insurance. St. Francis In the Park Heath & Rehabilitation

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THE GUARANTEE COMPANY OF NORTH AMERICA USA

One Towne Squere, Sle 1470 Southfield, MI 48076

Telephone: 248-281-0281 Fax: 248-760-0431

Continuation Certificate

Wi Department of Health & Family Services -1 W Wilson St Madison, Wisconsin 63702

In accordance with continuation of the	the terms of the Bond or Statute, you are hereby given written notice of the following bond:
Bond Number	950D4525
	20
Issued to	St. Francis in the Park Health & Rehab Center
in tayor of	Wi Department of Health & Family Services
described as	Pallaril Fund Bond
Continuation shall b	e effective on <u>9/28/2014</u> and expfre on <u>9/28/2016</u> .
This bond continues and all endorsemen bond is in force.	s in force to the above expiration date provided that losses and recoveries on it ts shall never exceed the penalty set forth in the bond, no matter how long this
and the second	The Guarantee Co. Of North America USA has caused this ned by its duly authorized Attorney-In-Fact this
	St, Francis in the Park Health & Rehab Center
	By:
	. A state of the s

Scryling North America since 1872



The Guarantee Company of North America USA

POWER OF ATTORNEY

Southfield, Michigan

POWER OF ATTORNEY NUMBER (must match bond number on bond):

Palient Fund Bond

Forty Five Thousand Dollars (\$45,000,00)

KNOW ALL BY THESE PRESENTS: The THE GUARANTEE COMPANY OF NORTH AMERICA USA, a corporation organized and existing under the laws of the State of Michigan, having its principal utiliza in Southfield, Michigan, does hereby consiliute and appoint

Kelth Parnell, Fairfax, VA

ils true and fawful atternay(s)-in-fact to execute, seal and deliver for and on its behalf as surely, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or pennitled by law, statute, ruis, regulation, contract

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon THE GUARANTEE COMPANY OF NORTH AMERICA VGA as fully and analy, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the

The Power of Atlancy is executed and may be centified so, and may be revoked, pursuant to and by authority of Atlate IX, Section 6.03 of the By-Laws adopted by the Board of Directors of THE GUARANTEE COMPANY OF NORTH AMERICA USA at a meeting held on the 31* day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority.

To appoint Attorney(c)-in-fact, and to entirelize them to execute on behalf of the Company, and alliash the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other willings obligatory in the nature thereof; and To roycke, at any time, any such Altomay-in-fact and royck the sutherity given, except as provided below in connection with obligations in favor of the Florida Department of Transportation only, it is expired that the power and authority hereby given to the Attorney-in-Fact includes any and all consenter for the robuse of relatined percentages and/or final onlimates on angineering and construction confinets required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final selfment to the Contractor and/or its assignes, shall not rolleve this surely in connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to be Attorney-in-Fact cannot be modified or revoked valuesy prior written paragonal notice of such intent has been given to the Commissioner—.

Department of Highways of the Commonwealth of Kentucky at least thirty (30) drys prior to the modification or revocation.

Further, this Power of Attorney is signed and enabled by facsimile pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and hold on the 8th day of December 2011, of which the following is a true excurpt:

RESOLVED that the algorithms of any authorized officer and the seed of the Company may be allixed by facefulle to any Power of Atlemey or certification thereof authorizing the execution and delivery of any bond, undertaking, contracts of indemnity and other writings obligatory in the nature thereof, and such algorithm and analytical manually efficient.



IN WITNESS WHEREOF, THE GUARANTEE COMPANY OF NORTH AMERICA USA bas caused this instrument to be signed and the corporate seal in be affixed by its authorized officer, this 23rd day of Fabruary, 2012.

The guarantee company of north america usa

STATE OF MICHIGAN County of Oakland Stophon C. Ruschok, Vice President Randell Musselman, Secretary

On this 23rd day of February, 2012 before me came the Individuals who executed the preceding Instrument, to me percentily known, and being by me duly sworn, said that each is the herein described and authorized officer of The Guarantee Company of North America USA; that he seed affixed to said Instrument is the Corporate Seel of said Company, that the corporate Seel and each algorithm were duly affixed by order of the Board of Directors of



Cynthla A, Takal Nolary Rublle, Slata of Michigan County of Oakland My Commissian Explos Fabruary 27, 2018 Acting in Oakland County

IN WITNESS WHEREOF, I have hereunto set my hund at The Guarantee Company of North America USA offices the day and year above written. Cynthia a. Takai

I, Randall Musselman, Secretary of THE GUARANTEE COMPANY OF NORTH AMERICA USA, do hereby certify that the above and foregoing is a true and correct copy of a Power of Allomay executed by THE GUARANTEE COMPANY OF NORTH AMERICA USA, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunio sell my hand and attached the seal of said Company this 29th day of September , 2014

Randoll Musselman, Secrolary

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

reported on this report, such as the sale of real estate (attach closing statement); (2) non-financial transactions, as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior managements. Attach any relevant documents.
We anticipate filing a Plan of Reorganization and Disclosure Statement on or beforeNon Appplicable

CERTIFICATE OF SERVICE

This is to certify that on this date I served a true and correct copy of the within and foregoing **Debtor's Monthly Financial Report** by causing same to be deposited in the United States Mail with adequate postage affixed thereon and addressed to the following person(s):

Office of the United States Trustee 362 Richard Russell Federal Building 75 Spring Street, S. W. Atlanta, Georgia 30303

This 6 day of March, 2015.

Respectfully submitted,

SCROGGINS & WILLIAMSON, P.C.

1500 Candler Building 127 Peachtree Street, NE Atlanta, GA 30303 (404) 893-3880 J. ROBERT WILLIAMSON Georgia Bar No. 765214 ASHLEY REYNOLDS RAY Georgia Bar No. 601559

Counsel for the Debtor